



**Golden Eagle  
Insurance.**

Member of Liberty Mutual Group

525 B Street  
San Diego, CA 92101  
619-744-6000

Mailing Address  
P.O. Box 85826  
San Diego, CA 92186-5826

October 16, 2009

Mr. Andrew Taylor  
Case Developer  
United States Environmental Protection Agency  
75 Hawthorne Street, SFD-7-5  
San Francisco, CA 94105

Re: 104(e) Request for Information – San Fernando Valley Area 2 Superfund Site  
Excello Plating Company Facility Located at 4057 Goodwin Avenue, Los Angeles,  
California

Dear Mr. Taylor:

I am responding on behalf of Mr. Pete McPartland to the information you requested in your letter dated September 14. Please call me if you have any questions.

Sincerely,

Michael Teng  
Underwriting Vice President  
(619) 744-6022

Confidential

1. Michael Teng  
Golden Eagle Insurance Corporation, 525 B. Street, San Diego, CA 92101  
(619) 744-6022  
Underwriting Vice President, 1.5 years  
Note: Golden Eagle Insurance Corporation is the claims administrator for Golden Eagle Insurance Company which is now in liquidation
2. There are three insurance coverage periods for Excello. Attachment A is the policy covering the period 11/11/91 to 11/11/92; attachment B covers 11/11/92 to 11/11/93; attachment C covers 11/11/93 to 11/11/94.
3. For documents related to coverage periods 11/11/91-11/11/92 and 11/11/92-11/11/93, see attachment D. For coverage period 11/11/93-11/11/94, see attachment E.
4. We are not aware of any claims made against any of these policies.
5. None.
6. All such information, if any, are contained in #2 and #3 above.
7. The broker that placed the insurance for coverage periods 11/11/91-11/11/92 and 11/11/92-11/11/93 was Gray-Stone & Company. The broker placing the coverage for the 11/11/93-11/11/94 was R.E. Lee Intermediaries. The correspondence in #3 above include letters and memos drafted by various individuals in these two brokerage firms, although we have no records indicating these individuals are the official broker of record for Excello.
8. We are not aware of any claims made against any of these policies.
9. We are not aware of any claims made against any of these policies.
10. See #3 above.
11. None.
12. None.
13. None.

**COMMON POLICY DECLARATIONS** **CONFIDENTIAL**  
**GOLDEN EAGLE INSURANCE COMPANY**

POLICY NO. CCP 16 73 12

RENEWS **NEW**

FIRST NAMED INSURED: **EXCELLO PLATING COMPANY**

MAILING ADDRESS: **4057 GOODWIN AVENUE  
LOS ANGELES, CA 90032**

POLICY PERIOD: FROM: **NOVEMBER 11, 1991** TO **NOVEMBER 11, 1992**  
(12:01 A.M. Standard Time at your mailing address shown above)

BUSINESS DESCRIPTION: **CHROME & NICKEL  
PLATING**

AGENT OR BROKER: **GRAY-STONE & COMPANY**  
CODE: **2912**

NAMED INSURED ENTITY: **CORPORATION**

TOWN AND STATE: **WOODLAND HILLS, CA**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH  
A PREMIUM IS INDICATED. THIS PREMIUM MAY  
BE SUBJECT TO ADJUSTMENT.

Boiler and Machinery Coverage Part	\$ NOT COVERED
Commercial Auto Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial General Liability Coverage Part	\$ 2,158.
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Property Coverage Part	\$ 2,003.
Farm Coverage Part	\$ NOT COVERED
	\$
Installment Charge	\$
	<b>TOTAL \$ 4,161. +</b>
	<b>CIGA \$ 21.</b>

Premium shown is payable: **AT INCEPTION**

Forms applicable to all Coverage Parts:

**GECPD802-A(0788) GECPD910(0689) IL0017(1185) IL0003(0689) IL0021(1185) IL0270(0388)**

COUNTERSIGNED:  
(Date)  
**21/178/SKC/12-13-91**

BY:  
(Authorized Representative)

# REINSURANCE LAYOFF SHEET

CONFIDENTIAL

INSURED: Exallo Plating POLICY NO.: CCP167312

RE INS EFF DATE: 11-11-91 POLICY TERM: 11-11-91 / 11-11-92  
PROPERTY:

SUBJECT OF REINS: BLDG X CONTS X TIME ELEMENT IM DOL

PERILS: HR EX EO & FN

KEY LOCATION: 4057 Goodwin Ave, Los Angeles, CA

\*TIV AT KEY: 766,000 PML 100%

\*TSI: Same PRO-RATA EXCESS OF LOSS

TREATY/RE INS CO	AMOUNT	% PART	% COMM	GROSS PREMIUM	CERT NO.
<u>Net &amp; Surety</u>	<u>766,000</u>	<u>100%</u>			
<b>TOTALS:</b>	<u>766,000</u>	<u>100%</u>			

\*TIV = TOTAL INSURED VALUES

\*TSI = TOTAL SUM INSURED

CASUALTY:

GENERAL LIAB. PROD/COMP OPS AUTO BI/PD GARAGE LIAB EXCESS LIAB.  
AUTO PHY DAMAGE GKLL QUOTA SHARE EXCESS OF LOSS

TREATY/RE INS CO	LIMITS	% COMM	GROSS PREMIUM	CERT. NO.

**GROSS PREMIUM:** Net Premium: \$ \_\_\_\_\_  
Divide by: \_\_\_\_\_ %  
Equals Gross Premium: \$ \_\_\_\_\_



CONFIDENTIAL

POLICY NO: LCP 167312

EFFECTIVE: 11-11-91

NAMED INSURED: Exello Plating

THE FOLLOWING DEDUCTIBLES APPLY:

BUILDING: \_\_\_\_\_

CONTENTS: 1000

INLAND MARINE: \_\_\_\_\_

GLASS: \_\_\_\_\_

SIGNS: \_\_\_\_\_

LIABILITY: 500 P D per claim

GARAGEKEEPERS LEGAL - COMP: \_\_\_\_\_

COLL: \_\_\_\_\_

DEALERS PHYSICAL DAMAGE - COMP: \_\_\_\_\_

COLL: \_\_\_\_\_

CRIME - EMPLOYEE DISHONESTY: \_\_\_\_\_

DEPOSITORS FORGERY: \_\_\_\_\_

COVERAGE "C": \_\_\_\_\_

COVERAGE "D": \_\_\_\_\_

OTHER: \_\_\_\_\_

AUTO - LIABILITY: \_\_\_\_\_

PHYSICAL DAMAGE - COMP: \_\_\_\_\_

COLL: \_\_\_\_\_

COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS  
GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO: CCP 16 73 12

EFFECTIVE DATE: NOVEMBER 11, 1991

NAMED INSURED: EXCELLO PLATING COMPANY

12:01 A.M., Standard Time  
AGENT OR BROKER CODE: 2912

DESCRIPTION OF PREMISES

PREM. NO. BLDG. NO. LOCATION

CONSTRUCTION AND OCCUPANCY

1 1 4057 GOODWIN AVENUE  
LOS ANGELES, CA

MASONRY - CHROME & NICKEL PLATING

COVERAGES PROVIDED—Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	DEDUCTIBLE	COINSURANCE**
1	1	BUSINESS PERSONAL PROPERTY	\$566,000.	SPECIAL FORM	\$1,000.	90%
		BUSINESS INCOME	\$200,000.	SPECIAL FORM	NIL	NIL

\*\*IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES—Applicable only when entries are made in the schedule below.

PREM. NO.	BLDG. NO.	AGREED VALUE EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X) BUILDING PERSONAL PROPERTY	INCLUDING "STOCK"
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INFLATION GUARD (Percentage)  
BUILDING PERSONAL PROPERTY

\*MONTHLY LIMIT OF  
INDEMNITY (Fraction)

\*MAXIMUM PERIOD  
OF INDEMNITY (X)

\*EXTENDED PERIOD  
OF INDEMNITY (Days)

1 1 1/4

\*APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM. NO. BLDG. NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

PREM. NO. BLDG. NO. COVERAGES

FORM NUMBER

1 1 COMMERCIAL PROPERTY

GF175(0186) CP0010(1090) CP0090(0788)  
CP0121(0788) GECP805(1089) CP0299(1185)  
CP1030(1090) CP0030(1090)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

COMMERCIAL GENERAL LIABILITY  
COVERAGE PART DECLARATIONS  
**OCCURRENCE FORM**  
GOLDEN EAGLE INSURANCE COMPANY

**CONFIDENTIAL**

POLICY NO: CCP 16 73 12

EFFECTIVE DATE: NOVEMBER 11, 1991

NAMED INSURED: EXCELLO PLATING COMPANY

12:01 A.M., Standard Time  
AGENT OR BROKER CODE: 2912

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products—Completed Operations)	\$ 1,000,000.	
Products—Completed Operations Aggregate Limit	\$ EXCLUDED	
Personal and Advertising Injury Limit	\$ 1,000,000.	
Each Occurrence Limit	\$ 1,000,000.	
Fire Damage Limit	\$ 50,000.	Any One Fire
Medical Expense Limit	\$ 5,000.	Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

4057 GOODWIN AVENUE  
LOS ANGELES, CA

PREMIUM

Classification	Code No.	Premium Basis and Exposure	Pr/Co	Rate All Other	Advance Premium Pr/Co	Advance Premium All Other
ELECTROPLATING	52547	\$)600,000.	EXCL.	3.479	\$ EXCL.	\$ 2,087.
ENDORSEMENT PREMIUM						71.

Total Advance Premium \$ EXCL. \$ 2,158.

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

GE CG 801A(0891) ~~CL175(0286)~~ CG0001(1188) GE CG 806(1088) GE CG 824(0289) GE CG 825(0189)  
GE CG 828(0188) CG0300(1185) CG2011(1185) CG2104(1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

POLICY NUMBER: CCP 16 73 12

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 03 00 11 85

**DEDUCTIBLE LIABILITY INSURANCE****CONFIDENTIAL**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Coverage	Amount and Basis of Deductible	
Bodily Injury Liability	\$ NIL	per claim
	\$ NIL	per occurrence
Property Damage Liability	\$ 500.	per claim
	\$ NIL	per occurrence
Bodily Injury Liability and Property Damage Liability Combined	\$ NIL	per claim
	\$ NIL	per occurrence

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**APPLICATION OF ENDORSEMENT** (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):—

- Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.

- The deductible amounts stated in the Schedule apply as follows:

**A. PER CLAIM BASIS**—if the deductible is on a "per claim" basis, the deductible amount applies:

- Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
  - To all damages because of "bodily injury" sustained by one person, or
  - To all damages because of "property damage" sustained by one person or organization,
 as the result of any one "occurrence".

- Under Bodily Injury Liability and Property

Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence".

**B. PER OCCURRENCE BASIS**—if the deductible is on a "per occurrence" basis, the deductible amount applies:

- Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
  - To all damages because of "bodily injury" as the result of any one "occurrence", or
  - To all damages because of "property damage" as the result of any one "occurrence".

regardless of the number of persons or organizations who sustain damages because of that "occurrence".

- Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" as the result of any one

(over)



POLICY NUMBER: CCP 16 73 12

**CONFIDENTIAL**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 20 11 11 85

**ADDITIONAL INSURED—MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

1. Designation of Premises (Part Leased to You): 4057 GOODWIN AVENUE  
LOS ANGELES, CA 90032
2. Name of Person or Organization (Additional Insured): SPINITO FAMILY TRUST  
GILDA ELANGSTAN AS TRUSTEE  
896 NO. RAYMOND
3. Additional Premium: 71. PASADENA, CA 91103

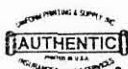
(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

*revised*





POLICY CODING WORKSHEET										Collection Premium			
CONFIDENTIAL										4.161-			
Premium Payment Plan										See Reverse			
Batch #	Document #	Trans	Policy Prefix	Policy Number	Cert #	Effective Date of Trans			Expiration Date of Policy				
						MO	DAY	YEAR	MO	DAY	YEAR		
	1922	2	CCP	16731201		11	11	1912	11	11	1913		
Branch Office	Producer	Branch Office	Sub-Producer	Special Program	State	Type	Insured Name & Address						
							EXCELLO PLATING CO.						
RE CO	Reins Group	Line	Coverage	Statistical Premium		Comm Rate	Class		Limit	Ded	Zip Code Risk Location	Exposure Type	Exposure Units
	3126	010		20030101500			3471		012	6000	32		
	27	010		2158010			14		510				
TOTAL PREMIUM													
4.161 010 RENEWAL													

ROSAMAR RUDELL

[illegible]

418200

**TOTAL REINSURANCE PREMIUM**

Pro Rata Reinsurance \_\_\_\_\_ % of \$ \_\_\_\_\_ DEC 09 1991

GE PCW 001

**CONFIDENTIAL**

## RENEWAL CERTIFICATE

POLICY NO.: CCP-167312

RENEWAL CERTIFICATE #: 01

PRODUCER: GRAY-STONE &amp; COMPANY

CODE: 01-02912

FIRST NAMED INSURED: EXCELLO PLATING COMPANY

MAILING ADDRESS: 4057 GOODWIN AVENUE  
LOS ANGELES, CA 90032RENEWAL POLICY PERIOD FROM: 11 NOV 92 TO: 11 NOV 93  
(12:01 A.M. Standard Time at your mailing address shown above)IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THE EXPIRING POLICY,  
WE AGREE WITH YOU TO EXTEND THE INSURANCE AS STATED IN THIS CERTIFICATE:THE RENEWAL CERTIFICATE CONSISTS OF THE FOLLOWING COVERAGE  
PARTS AS INDICATED. PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

<input type="checkbox"/> Commercial Auto Coverage Part	\$ NOT COVERED
<input type="checkbox"/> Commercial Crime Coverage Part	\$ NOT COVERED
<input checked="" type="checkbox"/> Commercial General Liability Coverage Part	\$ 2,158.
<input type="checkbox"/> Commercial Inland Marine Coverage Part	\$ NOT COVERED
<input checked="" type="checkbox"/> Commercial Property Coverage Part	\$ 2,003.
<input type="checkbox"/> Farm Coverage Part	\$ NOT COVERED
<input type="checkbox"/>	\$

Installment Charge

**TOTAL \$ 4,161.**

- ☐ In effect as of the original inception date of the policy (No change).  
☒ As amended by revised schedule(s) attached:  
☐ As amended by endorsements issued prior to the effective date of this extension.  
☒ As amended by endorsement(s):

ADDED: GEGPD809(0492) CP1260(1091)

DELETED: CP175(0186)

AMENDED:

COUNTERSIGNED: (Date)  
21/159/BP/13 JAN 93

BY: (Authorized Representative)



CONFIDENTIAL

## GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800

Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826

FAX: (619) 460-8860

### SPECIAL BILLING

DATE: 13 JAN 93

PRODUCER: GRAY-STONE & COMPANY

ADDRESS: P.O. BOX 889

WOODLAND HILLS, CA 91365

01-02912

NAMED INSURED: EXCELLO PLATING COMPANY

POLICY NUMBER: CCP-167312-01

DEPOSIT:

PREMIUM: \$4,161.00

GROSS: \$4,161.00

COMMISSION: \$ 624.15

NET DUE: \$3,536.85

This POLICY was issued 13 JAN 93, with  
an effective date of 11 NOV 92 and was not included with  
your last statement. Please include the \$ 3,536.85 with your  
next payment to us.

Should you have any questions please contact KIM WHINNERY

**CONFIDENTIAL**

POLICY NO. CCP167312-01

11.11.93

## EXCESS OF LOSS

CERT NO.

MEREDITH SHEPPARD  
DEC 04 1992



CONFIDENTIAL

DEDUCTIBLE INFORMATION

POLICY NO: CCP-1673 12-01  
EFFECTIVE: 11 NOV 92/93  
NAMED INSURED: Excella Plating Company

THE FOLLOWING DEDUCTIBLES APPLY

BUILDING: \_\_\_\_\_

CONTENTS: 1000.

GLASS: \_\_\_\_\_ SIGNS: \_\_\_\_\_

LIABILITY: 500. PD PER OCCUR ( ) PER CLAIM (X)

AUTO LIABILITY: \_\_\_\_\_

PHYSICAL DAMAGE: COMP \_\_\_\_\_ COLL \_\_\_\_\_

COMP \_\_\_\_\_ COLL \_\_\_\_\_

COMP \_\_\_\_\_ COLL \_\_\_\_\_

GARAGEKEEPERS LEGAL: COMP \_\_\_\_\_ COLL \_\_\_\_\_

INLAND MARINE: \_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_

\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_

\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_

\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_

CRIME: COVERAGE A \_\_\_\_\_

COVERAGE B \_\_\_\_\_

COVERAGE C PREMISES \_\_\_\_\_ MESSENGER \_\_\_\_\_

COVERAGE D ROBBERY \_\_\_\_\_ SAFE BURGLARY \_\_\_\_\_

MESSENGER \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

EAGLE RATE: AUTO ( ) GL ( ) PROPERTY ( )

COMPOSITE RATE: AUTO ( ) GL ( )

L178-951



**GOLDEN EAGLE INSURANCE COMPANY**  
P.O. Box 85826 - San Diego, CA 92186-5826

**CONFIDENTIAL**

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**POLICY CHANGE ENDORSEMENT**

Policy No: CCP-167312-01

Insured: EXCELLO PLATING COMPANY

Endorsement Number: 001

Agent: GRAY-STONE & COMPANY

Effective Date: 08/17/93

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN THE SAME.

Coverage Parts Affected:

**COMMERCIAL GENERAL LIABILITY**

Changes:

**ADDITIONAL INSURED ENDORSEMENT IS CHANGED PER REVISED CG2011 ATTACHED.**

- ☐ Additional ☐ Return Premium \$ \_\_\_\_\_  
☐ Premium at Audit  
☒ No Premium Change

\_\_\_\_\_  
Authorized Representative Signature

**DJM-10/07/93**

GE UND 0200 (06/89)



**GOLDEN EAGLE INSURANCE COMPANY**  
P.O. Box 85826 - San Diego, CA 92186-5826

**CONFIDENTIAL**

**ADDITIONAL INSURED ENDORSEMENT**  
**MANAGERS OR LESSORS OF PREMISES**

Policy No: CCP-167312-01

Insured: **EXCELLO PLATING COMPANY**

Endorsement Number: **001**

Agent: **GRAY-STONE & COMPANY**

Effective Date: **08/17/93**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**1. Designation of Premises (Part Leased to You):**

**4057 GOODWIN AVENUE  
LOS ANGELES, CA**

**2. Name of Person or Organization (Additional Insured):**

**SPIRITO FAMILY TRUST  
ALICE CALNO  
829 NORUMBEGA DRIVE  
MONROVIA, CA**

**3. Additional Premium: \$ INCLUDED**

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

**DJM-10/07/93**

CG 20 11 (11-85)

Copyright 1984  
Insurance Services Office, Inc.

RENEWAL CERTIFICATE  
COMMERCIAL GENERAL LIABILITY  
**OCCURRENCE FORM**  
GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO.: CCP-167312

RENEWAL CERTIFICATE #: 01

EFFECTIVE DATE: 11 NOV 92

12:01 A.M., Standard Time

NAMED INSURED: EXCELLO PLATING COMPANY

AGENT OR BROKER CODE: 01-02912

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products—Completed Operations)	\$ 1,000,000.	
Products—Completed Operations Aggregate Limit	\$ EXCLUDED	
Personal and Advertising Injury Limit	\$ 1,000,000.	
Each Occurrence Limit	\$ 1,000,000.	
Fire Damage Limit	\$ 50,000.	Any One Fire
Medical Expense Limit	\$ 5,000.	Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

NO CHANGE

PREMIUM

Classification	Code No.	Premium Basis and Exposure	Rate Pr/Co All Other	Advance Premium Pr/Co All Other
ELECTROPLATING	52547	(\$) 600,000.	EXCLUDED 3.504	\$ EXCLUDED\$ 2,103.

ENDORSEMENT PREMIUM(S)

55.

Total Advance Premium \$ EXCLUDED\$ 2,158.

Forms and Endorsements Renewal Changes:

Added:

Deleted: CL175(0286)

Amended: CG2011(1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the renewal certificate.

**CONFIDENTIAL**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 20 11 11 85

**ADDITIONAL INSURED—MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

1. Designation of Premises (Part Leased to You): 4057 GOODWIN AVENUE  
LOS ANGELES, CA
2. Name of Person or Organization (Additional Insured): SPINITO FAMILY TRUST  
GILDA ELANGSTAN AS TRUSTEE  
896 NORTH RAYMOND  
PASADENA, CA 91103
3. Additional Premium: \$55.

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.





**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

**CONFIDENTIAL**

**COMMON POLICY DECLARATIONS**

Policy No: **CCP-255542-00**

**RENEWS: CCP-167312-01**

First Named Insured: **EXCELLO PLATING COMPANY**

**SUBJECT TO AUDIT**

Mailing Address: **4057 GOODWIN AVENUE**  
**LOS ANGELES, CA 90032**

Policy Period: From: **11 NOV 93** To: **11 NOV 94**  
(12:01 A.M. Standard Time at your mailing address shown above)

Business Description: **CHROME & NICKEL PLATING**  
Form of Business: **CORPORATION**

Agent or Broker: **R.E. LEE INTERMEDIARIES**  
Code: **01-02858**  
City and State: **NEWPORT BEACH, CA 92660**

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

Boiler and Machinery Coverage Part	<b>NOT COVERED</b>
Commercial Auto Coverage Part	<b>NOT COVERED</b>
Commercial Crime Coverage Part	<b>NOT COVERED</b>
Commercial General Liability Coverage Part	<b>\$2,102</b>
Commercial Inland Marine Coverage Part	<b>NOT COVERED</b>
Commercial Property Coverage Part	<b>\$2,145</b>
Farm Coverage Part	<b>NOT COVERED</b>

Installment Charge

**TOTAL \$4,247**

Premium shown is payable: **AT INCEPTION**

Forms applicable to all Coverage Parts: **PER GECPD1000**

Countersigned: \_\_\_\_\_ By: \_\_\_\_\_  
(Date) (Authorized Representative)

**011/181 29 NOV 93**

CONFIDENTIAL

RE INS EFF DATE: 11-11-93 POLICY TERM: 11-11-93 / 11-11-94  
PROPERTY:

PERILS: Special Excl EQ: Flood

KEY LOCATION: 4057 Goodwin Ave Los Angeles Ca

\*TIV AT KEY: 766,000 PML \_\_\_\_\_

\*TSI: 766,000 PRO-RATA \_\_\_\_\_ EXCESS OF LOSS \_\_\_\_\_

[illegible]

TOTALS: 766,000 100%

\*TIV = TOTAL INSURED VALUES

\*TSI = TOTAL SUM INSURED

CASUALTY:

\_\_\_\_ GENERAL LIAB. \_\_\_\_ PROD/COMP OPS \_\_\_\_ AUTO BI/PD \_\_\_\_ GARAGE LIAB \_\_\_\_ EXCESS LIAB.

\_\_\_\_\_ AUTO PHY DAMAGE      \_\_\_\_\_ GKLL      QUOTA SHARE \_\_\_\_\_      EXCESS OF LOSS \_\_\_\_\_

TREATY/RE INS CO	LIMITS	% COMM	GROSS PREMIUM	CERT. NO.

**GROSS PREMIUM:** Net Premium: \$ \_\_\_\_\_  
Divide by; \_\_\_\_\_ %  
Equals Gross Premium: \$ \_\_\_\_\_

CONFIDENTIAL

DEDUCTIBLE INFORMATION

POLICY NO.: CCP255542-00  
EFFECTIVE: 11-11-93/94  
NAMED INSURED: Excellor Plating Co

THE FOLLOWING DEDUCTIBLES APPLY.

BUILDING: \_\_\_\_\_  
CONTENTS: 1000  
GLASS: \_\_\_\_\_ SIGNS: \_\_\_\_\_  
LIABILITY: 500 PD PER OCCUR ( ) PER CLAIM (X)  
AUTO LIABILITY: \_\_\_\_\_  
PHYSICAL DAMAGE: COMP \_\_\_\_\_ COLL \_\_\_\_\_  
COMP \_\_\_\_\_ COLL \_\_\_\_\_  
COMP \_\_\_\_\_ COLL \_\_\_\_\_  
GARAGEKEEPERS LEGAL: COMP \_\_\_\_\_ COLL \_\_\_\_\_  
INLAND MARINE: \_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_  
\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_  
\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_  
\_\_\_\_\_ COVERAGE TYPE \_\_\_\_\_  
CRIME: COVERAGE A \_\_\_\_\_  
COVERAGE B \_\_\_\_\_  
COVERAGE C PREMISES \_\_\_\_\_ MESSENGER \_\_\_\_\_  
COVERAGE D ROBBERY \_\_\_\_\_ SAFE BURGLARY \_\_\_\_\_  
MESSENGER \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

EAGLE RATE: AUTO ( ) GL ( ) PROPERTY ( )  
COMPOSITE RATE: AUTO ( ) GL ( )



**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

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**FORMS LIST - COMMON POLICY DECLARATIONS**

---

Policy No: CCP-255542-00

Forms applicable to all coverage parts:

FORM NO.	EDITION DATE	DESCRIPTION
GECPD802A	07/88	Signature Sheet
GEIL100	08/92	Supplemental Location Schedule
GECPD809	04/92	Minimum Premium Endorsement
GECPD910	06/89	Punitive/Exemplary Damage Exclusion
IL0017	11/85	Common Policy Conditions
IL0003	06/39	Calculation of Premium
IL0021	11/85	Broad Form Nuclear Exclusion Endt.
IL0270	03/88	CA Cancellation or Non-renewal



GOLDEN EAGLE INSURANCE COMPANY  
P.O. BOX 85826 - SAN DIEGO, CA 92186-5826

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**SUPPLEMENTAL LOCATION SCHEDULE**

Policy No: CCP-255542-00

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**LOCATION**

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1	4057 GOODWIN AVENUE LOS ANGELES, CA 90032
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**GOLDEN EAGLE INSURANCE COMPANY**  
P.O. Box 85826 - San Diego, CA 92186-5826

**CONFIDENTIAL**

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**POLICY CHANGE ENDORSEMENT**

Policy No: CCP-255542-00

Insured: EXCELLO PLATING COMPANY

Endorsement Number: 001

Agent: R.E. LEE INTERMEDIARIES

Effective Date: 11/11/93

---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN THE SAME.

Coverage Parts Affected:

**ALL**

Changes:

**NAMED INSURED IS CHANGED TO READ:**  
**EXCELLO PLATING CO., INC.**

**ZIP CODE IS CHANGED TO READ:**  
**90039**

- ☐ Additional ☐ Return Premium \$ \_\_\_\_\_  
☐ Premium at Audit  
☒ No Premium Change

---

Authorized Representative Signature

**KLF-12/27/93**

GE UND 0200 (06/89)

COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS  
GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO: CCP-255542-00

EFFECTIVE DATE: 11 NOV 93  
12:01 A.M., Standard Time  
AGENT OR BROKER CODE: 01-02858

NAMED INSURED: EXCELLO PLATING COMPANY

DESCRIPTION OF PREMISES

PREM. NO. BLDG. NO. LOCATION  
1 1 PER GEIL100

CONSTRUCTION AND OCCUPANCY  
BLOCK/METAL MFG.

COVERAGES PROVIDED—Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	DEDUCTIBLE	COINSURANCE**
1	1	BUSINESS PERSONAL PROPERTY	\$566,000.	SPECIAL FORM	\$1,000.	90%
1	1	BUSINESS INCOME	200,000.	SPECIAL FORM	NIL	NIL

\*\*IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES—Applicable only when entries are made in the schedule below.

PREM. NO.	BLDG. NO.	AGREED VALUE EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X) BUILDING	PERSONAL PROPERTY	INCLUDING "STOCK"
1	1					X	

INFLATION GUARD (Percentage)		*MONTHLY LIMIT OF INDEMNITY (Fraction)	*MAXIMUM PERIOD OF INDEMNITY (X)	*EXTENDED PERIOD OF INDEMNITY (Days)
BUILDING	PERSONAL PROPERTY			
		1/4		

\*APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM. NO. BLDG. NO. MORTGAGE HOLDER NAME AND MAILING ADDRESS

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

PREM. NO.	BLDG. NO.	COVERAGES	FORM NUMBER
1	1	COMMERCIAL PROPERTY	CP0010(1091) CP0090(0788) CP0121(1091) CP1260(1091) CP1030(1091) IL0415(1091) CP0030(1091)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

IL 04 15 10 91

**PROTECTIVE SAFEGUARDS**

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART  
FARM COVERAGE PART**SCHEDULE\***Prem.  
No.  
1Bldg.  
No.  
1Protective Safeguards Symbols Applicable  
"P - 9"

Describe any "P-9": LOCAL BURGLAR GONG

**1. The following is added to the:**Commercial Property Conditions  
General Conditions in the Farm Property Coverage Form  
General Conditions in the Mobile Agricultural Machinery and Equipment Coverage Form  
General Conditions in the Livestock Coverage Form**PROTECTIVE SAFEGUARDS**

- a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
- b. The protective safeguards to which this endorsement applies are identified by the following symbols:

**"P-1" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
  - (a) Sprinklers and discharge nozzles;
  - (b) Ducts, pipes, valves and fittings;
  - (c) Tanks, their component parts and supports; and

(d) Pumps and private fire protection mains.

(2) When supplied from an automatic fire protective system: -

(a) Non-automatic fire protective systems; and

(b) Hydrants, standpipes and outlets.

**"P-2" Automatic Fire Alarm**, protecting the entire building, that is:

- (1) Connected to a central station; or
- (2) Reporting to a public or private fire alarm station.

**"P-3" Security Service**, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.**"P-4" Service Contract** with a privately owned fire department providing fire protection service to the described premises.**"P-9"** The protective system described in the Schedule.

\*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

(over)





**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

**CONFIDENTIAL**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONS - OCCURRENCE FORM**

Policy No: **CCP-255542-00**

Named Insured: **EXCELLO PLATING COMPANY**

Effective Date: **11 NOV 93**

(At 12:01 A.M. Standard Time)

Agent or Broker Code: **01-02858/150**

**LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products - Completed Operations)	<b>1,000,000</b>
Products - Completed Operations Aggregate Limit	<b>EXCLUDED</b>
Personal and Advertising Injury Limit	<b>1,000,000</b>
Each Occurrence Limit	<b>1,000,000</b>
Fire Damage Limit	<b>50,000</b> Any One Fire
Medical Expense Limit	<b>5,000</b> Any One Person

**LOCATION OF PREMISES**

Location of All Premises You Own, Rent, or Occupy:

**PER GEIL100**

**FORMS AND ENDORSEMENTS** (other than applicable Forms and Endorsements shown elsewhere in the policy)  
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of Issue:

**PER GEL1000**

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

**PREMIUM** (See Classification and Premium Basis Legend for Description of Codes)

Code No.	Premium Basis and Exposure	Rate		Advance Premium	
		Pr/Co	All Other	Pr/Co	All Other
<b>LOC# 1</b>					
<b>52547 S)</b>	<b>\$600,000</b>		<b>3.413</b>		<b>\$2,048</b>

**PREMIUM ENDORSEMENTS:**

**\$54**

**TOTAL ADVANCE PREMIUM:**

**\$2,102**



GOLDEN EAGLE INSURANCE COMPANY  
P.O. BOX 85826 - SAN DIEGO, CA 92186-5826

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## FORMS LIST

Policy No: CCP-255542-00

Forms and Endorsements applying to this coverage part and made part of this policy at time of issue:

FORM NO.	EDITION DATE	DESCRIPTION
GECG801A	06/93	Premium Basis Legend
CG0001	11/88	General Liability Coverage Form - Occur.
CG2147	09/89	Exclusion-Employment-Related Practices
GECG824	06/92	Total Pollution Exclusion
GECG825	01/89	Asbestos Exclusion
GECG828	01/88	Subsidence of Land or Soil Exclusion
GECG860	07/93	Premium Audit
CG0300	11/85	Deductible Liability Insurance
CG2011	11/85	Additional Insured-Managers/Lessors
CG2104	11/85	Exclusion-Products-Completed Ops Hazard
CG2139	11/88	Contractual Liability Limitation



**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

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**COMMERCIAL GENERAL LIABILITY - CLASSIFICATION  
AND PREMIUM BASIS LEGEND**

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Policy No: **CCP-255542-00**

**PREMIUM BASIS LEGEND --**

M = ADMISSIONS PER 1,000  
A = AREA PER 1,000  
T = EACH PER EACH  
S = GROSS SALES PER \$1,000  
G = GALLONS PER \$1,000

P = PAYROLL PER \$1,000  
C = COST PER \$1,000  
U = UNITS PER UNIT  
R = GROSS RECEIPTS PER \$1,000

**RATE LEGEND -**

ALL OTHER = PREMISES AND OPERATIONS  
PR/CO = PRODUCTS AND COMPLETED OPERATIONS

MP = MINIMUM PREMIUM

---

Code Number	Classification Description
<b>52547</b>	<b>ELECTROPLATING</b>





**CONFIDENTIAL**

**DEDUCTIBLE LIABILITY INSURANCE**

**Policy No: CCP-255542-00**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**  
**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

Coverage	SCHEDULE		Amount and Basis of Deductible
Bodily Injury Liability		<b>NIL</b>	per claim
		<b>NIL</b>	per occurrence
Property Damage Liability		<b>\$500</b>	per claim
		<b>NIL</b>	per occurrence
Bodily Injury Liability and Property Damage Liability Combined		<b>NIL</b>	per claim
		<b>NIL</b>	per occurrence

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**APPLICATION OF ENDORSEMENT** (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage," however caused): -

1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.
2. The deductible amounts stated in the Schedule apply as follows:
  - A. PER CLAIM BASIS - if the deductible is on a "per claim" basis, the deductible amount applies:
    1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
      - a. To all damages because of "bodily injury" sustained by one person, or
      - b. To all damages because of "property damage" sustained by one person or organization, as the result of any one "occurrence."
    2. Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence."
  - B. PER OCCURRENCE BASIS - if the deductible is on a "per occurrence" basis, the deductible amount applies:
    1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
      - a. To all damages because of "bodily injury" as the result of any one "occurrence," or
      - b. To all damages because of "property damage" as the result of any one "occurrence," regardless of the number of persons or organizations who sustain damages because of that "occurrence."



**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

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**ADDITIONAL INSURED - MANAGERS  
OR LESSORS OF PREMISES**

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Policy No: CCP-255542-00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

WHO IS AN INSURED (Section II) is amended to include as an Insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

---

**SCHEDULE**

1. Additional Premium: **\$54**
2. Designation of Premises (Part Leased to You):  
**4057 GOODWIN AVENUE  
LOS ANGELES, CA 90032**
3. Name of Person or Organization (Additional Insured):  
**SPIRITO FAMILY TRUST  
ALICE CALNO  
829 NORUMBEGA DRIVE  
MONROVIA, CA 91016**



**GOLDEN EAGLE INSURANCE COMPANY**  
**P.O. BOX 85826 - SAN DIEGO, CA 92186-5826**

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**POLICY CODING WORKSHEET**

Policy No: **CCP-255542-00**

Agent Name: **R.E. LEE INTERMEDIARIES**

Collection Premium: **4247**

Installments: **N**

Auditable: **A**

EAP:

Batch #	Document #	.....Policy..... Prefix Number	Cert #	Trans	.....Policy Dates..... Effective	Expiration
	<i>0608</i>	<b>CCP 255542</b>	<b>00</b>	<b>2</b>	<b>11/11/93</b>	<b>11/11/94</b>

Branch Office	Producer	Branch Office	Sub-Producer	Spc Prgm	State	Type	Insured's Name & Address:
<b>01</b>	<b>02858</b>			<b>CMP</b>	<b>04</b>	<b>1</b>	<b>EXCELLO PLATING COMPANY 4057 GOODWIN AVENUE LOS ANGELES CA 90032</b>

Reins Group	Line	Cov	Statistical Premium	Comm Rate	Class	Limit	Ded	Zip Code	Pol Yr
<b>33</b>	<b>26</b>	<b>00</b>	<b>2145</b>	<b>.1500</b>	<b>3399</b>	<b>012</b>	<b>60</b>	<b>90032</b>	<b>93</b>
<b>33</b>	<b>27</b>	<b>00</b>	<b>2102</b>	<b>.1500</b>	<b>3399</b>	<b>014</b>	<b>50</b>	<b>90032</b>	<b>93</b>

TOTAL POLICY PREMIUM: **4247**

Reins Assuming Group	Company	Contract	Line	Cov	Ceded Premium	Comm Rate	Class	Limit	Ded	Zip Code	Pol Yr
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TOTAL REINSURANCE PREMIUM:

**POLICY MASTER FILE**  
**NOV 30 1993**

**RECEIVED IN**

**NOV 30 1993**

**RECEIVED RS**

Policy Cross Reference:

**DATA ENTRY**

**NOV 30 1993**

**011/181 29 NOV 93**

CONFIDENTIAL

GOLDEN EAGLE INS  
OCT 04 1993  
RECEIVED  
10/4

GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
818-593-3333  
818-593-3650 FAX

DATE: 10/01/93  
TO: GOLDEN EAGLE INSURANCE CO.  
ATTN: LINDA MALLINSON  
RE: EXCELLO PLATING COMPANY  
POLICY NUMBER: CCP 16 73 12-01  
EFFECTIVE DATE OF CHANGE: 08/17/93

LINDA MALLINSON

OCT 4 1993

PULL-END.  
RATING UNIT

DEAR LINDA:

PLEASE ANEND THE LANDLORD PER CERTIFICATE ATTACHED. NO CHANGE IN PREMIUM.

IF YOU HAVE ANY QUESTIONS, OR REQUIRE ANY ADDITIONAL INFORMATION PLEASE GIVE ME A CALL.

SINCERELY,

MARIA E. TORRES  
GRAY-STONE & COMPANY

RECEIVED IN  
OCT 06 1993  
MAILING

ok -  
LINDA MALLINSON  
OCT 5 1993

DONNA McCRACKEN  
E#1  
OCT 6 1993

not  
Renewal  
Rush

CONFIDENTIAL

## CERTIFICATE OF INSURANCE

ISSUE DATE 08/12/93

## GRAY-STONE &amp; COMPANY.

P.O. Box 889  
Woodland Hills, CA 91365  
(818) 593-3333  
(818) 593-3650 FAX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: GOLDEN EAGLE INSURANCE CO

COMPANY LETTER B:

COMPANY LETTER C:

COMPANY LETTER D:

COMPANY LETTER E:

INSURED  
Excello Plating Co., Inc.  
4057 Goodwin Street  
Los Angeles, CA 90039

## COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL. EFF. DATE	POL. EXP. DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. [ ] OWNER'S & CONTRACTOR'S PROT. [ ]	CCP-167312	11/11/92	11/11/93	GENERAL AGGREGATE \$ 1,000,000 PRODUCT-COMP/OPS AGG. \$ PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS [ ] GARAGE LIABILITY [ ]				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM				EACH OCCURENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION  AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				\$ \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS LANDLORD AS RESPECTS 4057 GOODWIN AVE., LOS ANGELES

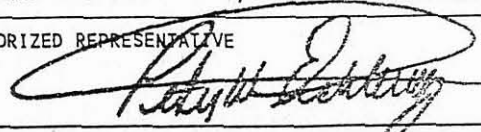
## CERTIFICATE HOLDER

SPIRITO FAMILY TRUST  
ALICE CALNO  
829 NORUMBEGA DR  
MONROVIA, CA 91616

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





Do Not Remove

**CONFIDENTIAL**

Named Insured: Excella Plating  
Policy Number: CCP167312-01 New Business: \_\_\_\_\_  
Effective Date: 11-11-92 Renewal: Rest  
Quote: \_\_\_\_\_ Issue: x

	Date	Initials
To Underwriter:	In: _____	_____
To New Business:	In: _____	_____
	Out: _____	_____
To Underwriter:	MEREDITH SHEPPARD	
	In: _____	_____
	Out: <u>DEC 04 1992</u>	_____
To Rating:	In: <u>12-11-92 cgc</u>	_____
Rater: <u>DEC 07 1992</u>	Out: <u>12-14-92</u>	_____
	<u>1-2-93</u>	_____
Total Policy Premium:	<u>4161</u>	_____
To Data Entry:	In: <u>1/11</u>	_____
	D/E: <u>1/12</u>	_____
	Out: _____	_____
To Policy Typing:	In: <u>1/13/93</u>	_____
Typist:	<u>1/13/93</u>	_____
Collating:	Out: <u>1-15-93</u>	_____
To Mail Room:	_____	_____
Total Days Processed:	_____	_____
Over 30 days past effective date/cause for delay:	_____	_____



POLICY NUMBER: CCP167312-01 EFFECTIVE DATE: 11.11.92

CONFIDENTIAL

RENEWAL QUOTE: \_\_\_\_\_

RENEWAL ISSUE: ☒ RENEWAL CERT.? ☒ RENEWAL POLICY? \_\_\_\_\_

ENDORSEMENT: \_\_\_\_\_

NAMED INSURED: Excelsa Plating Co.ADDRESS: 4057 Goodwin Ave.Los Angeles, CaPRODUCER: Gray StoneUNDERWRITER: Ron Davey

CROSS REFERENCE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

TREATY EXCLUSION

YES NO

☐ ☐

REFERRAL

☐ ☐

FACULTATIVE REINS

☐ ☐

\* CESSION STATEMENT

☐ ☐ICC/PUC FILING  
STATEMENT  
OF VALUES☐ ☐☐ ☐

SPECIAL APPLICATION

☐ ☐LAYOFF RE-INS  
SHEET☒ ☐

\* ROUTE TO UNDERWRITING SECRETARY

## HAZARD CODES:

## UNDERWRITING DATA:

DATE  
ORDERED

## RATING OPTIONS:

## AUDIT:

## FREQUENCY:

ROP

7

LOSS CONTROL SURVEY\*

N/A

EXPERIENCE RATING

LINES OF BIZ APPLICABLE:

LIABILITY

LINE OF BUSINESS:

GLwave

L

R

D&amp;B REPORT\*

N/APHY.  
AUTO: DAM. LIAB.

ROD

EXCL

CURRENT LOSS RUNS

in file

SCHEDULE RATING

PER FORM(S) ATTACHED

OTHER

TEST AUDIT?

UTO

MVR'S\*

N/A

RIME

SPRINKLER REPORT\*

OTHER

\*INDICATE IF WAIVED

COMMENTS: Issue renewal @ \$4161.Issue per quote in file & instruction attached.Return to Irene McGhee for Credit/debit sheet.

MIDGE GREEN

JAN 15 1993

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER

APPROVED

RATER

TYPIST

MEREDITH SHEPPARD

DEC 04 1992

#21

CORA CRISOSTOMO

DEC 14 1992

ISSUED

BEVERLY PUTNAM

JAN 13 1993

SANDRA CHENAULT

JAN 08 1993

Property-Casualty Policy  
Issuance Instructions

CONFIDENTIAL

Named Insured: Exello Plating  
Policy Number: CP167312-01 Policy Period: 11.11.92 to 11.11.93  
Program: Yes ( ) No (☒) Number of Location: 1 Auto Units: 0

Premium Breakdown:

Property:	<u>2003</u>	Gen. Liab:	<u>2158</u>
Inland Marine:	_____	Automobile:	_____
Crime:	_____	Excess:	_____
Gar. Liab:	_____	G.K.L.L.:	_____
Total Premium:	<u>4161</u>	CIGA:	_____
		Comm:	<u>15%</u>

Premium Payment Plan: At Inception (☒) 3-Pay ( )  
Quarterly ( ) 6-Pay ( ) 8-Pay ( )

Other Than Standard Forms: - Attach Completed Form: Per expiring

<u>Section</u>	<u>Form No.</u>	<u>Description of Form</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions:

Composite	Rate	Minimum
Rated ( )	Base: _____ Rate: _____	Premium: _____

MEDFORTH SHEPPARD

DEC 04 1992



# GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800

Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826

FAX: (619) 460-8860

**CONFIDENTIAL**

## SPECIAL BILLING

DATE:  
PRODUCER:  
ADDRESS:

NAMED INSURED:  
POLICY NUMBER:  
DEPOSIT:  
PREMIUM:

GROSS:  
COMMISSION:  
NET DUE:

4161.00  
4161.00  
624.15  
3536.85

This POLICY was issued \_\_\_\_\_, with  
an effective date of 11 NOV 92 and was not included with  
your last statement. Please include the \$ 3536.85 with your  
next payment to us.

Should you have any questions please contact Kim Whinnery

GEACT 001 E (06-92)

# RENEWAL CERTIFICATE

**CONFIDENTIAL**

RENEWAL CERTIFICATE #: 01

CODE: 01-02912

MAILING ADDRESS: LOS Angeles, CA 90037

RENEWAL POLICY PERIOD FROM: 11 NOV 92 TO: 11 NOV 93  
(12:01 A.M. Standard Time at your mailing address shown above)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THE EXPIRING POLICY,  
WE AGREE WITH YOU TO EXTEND THE INSURANCE AS STATED IN THIS CERTIFICATE:

THE RENEWAL CERTIFICATE CONSISTS OF THE FOLLOWING COVERAGE PARTS AS INDICATED. PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

- ☐ Commercial Auto Coverage Part  
☐ Commercial Crime Coverage Part  
☒ Commercial General Liability Coverage Part  
☐ Commercial Inland Marine Coverage Part  
☒ Commercial Property Coverage Part  
☐ Farm Coverage Part

\$ N/C  
\$  
\$ 2158.  
\$ N/C  
\$ 2003.  
\$ N/C  
\$  
\$  
\$

### Installment Charge

TOTAL \$ 4161.

- ☐ In effect as of the original inception date of the policy (No change).  
☒ As amended by revised schedule(s) attached:  
☐ As amended by endorsements issued prior to the effective date of this extension.  
☒ As amended by endorsement(s):

ADDED: GECPO 809 (0492), CP12:GOA 1091)

DELETED: CP175(0186)

AMENDED: \_\_\_\_\_

COUNTERSIGNED: \_\_\_\_\_  
(Date)

BY: \_\_\_\_\_  
(Authorized Representative)

RECEIVED  
JAN 08 1983

CORA CRISTOSTOMO

DEC 14 1992

#159

UW # 21

RENEWAL CERTIFICATE  
COMMERCIAL GENERAL LIABILITY  
OCCURRENCE FORM  
GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO.: ✓

RENEWAL CERTIFICATE #: 01

EFFECTIVE DATE: ✓

12:01 A.M., Standard Time

NAMED INSURED: ✓

AGENT OR BROKER CODE: ✓

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products—Completed Operations) \$ 1,000,000.  
Products—Completed Operations Aggregate Limit \$ EXCLUDED  
Personal and Advertising Injury Limit \$ 1,000,000.  
Each Occurrence Limit \$ ↓  
Fire Damage Limit \$ 50,000. Any One Fire  
Medical Expense Limit \$ 5,000. Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

NO CHANGE

PREMIUM

Classification

NEW  
PGCSG8

Code No.

Premium Basis  
and Exposure

Pt/Co

Rate  
All Other

Advance Premium  
Pt/Co All Other

ELECTROPLATING 52547 (S) 600,000. EXCL. 3.504 \$ EXCL. \$ 2103.

ENDORSEMENT PREMIUM(S)

55.

Total Advance Premium \$ EXCL. \$ 2158.

Forms and Endorsements Renewal Changes:

Added:

Deleted: CL 175 (0286)

Amended: CG 2011 (1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the renewal certificate.

POLICY NUMBER: CCP 16 73 12 -01

**CONFIDENTIAL**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 20 11 11 85

**ADDITIONAL INSURED—MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

1. Designation of Premises (Part Leased to You): 4057 GOODWIN AVENUE  
LOS ANGELES, CA
2. Name of Person or Organization (Additional Insured): SPINITO FAMILY TRUST  
GILDA ELANGSTAN AS TRUSTEE  
896 NO. RAYMOND
3. Additional Premium: \$ 55.  
PASADENA, CA 91103

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.







CONFIDENTIAL

RISK MODIFICATION WORKSHEET — CALIFORNIA ONLY

NAMED INSURED: Excella Plating Co POLICY #: CCP167312 EFF. DATE: 11-11-92

GENERAL LIABILITY

AUTO LIABILITY AND PHYSICAL DAMAGE

A. MANAGEMENT

1. COOPERATION WITH COMPANY
2. MAINTENANCE OF RECORDS FOR PURPOSE OF AUDIT
3. ATTITUDE TOWARD PUBLIC SAFETY & CONVENIENCE
4. COOPERATION IN SAFEGUARDING & HANDLING OF INSURED PROPERTY

B. EQUIPMENT

1. TYPE
2. AGE
3. SERVICING STANDARDS
4. REPAIR FACILITIES
5. EQUIPMENT SAFEGUARDS
6. ADEQUACY OF OPERATIONS
7. USE BY EMPLOYEES—OFF DUTY

C. RISK CHARACTERISTICS

1. EMPLOYEES—SELECTION, TRAINING, SUPERVISION
2. CONSTRUCTION OF BUILDING
3. LOCATION OF RISKS
4. MAINTENANCE OF PREMISES
5. AGE & CONDITION OF PREMISES
6. TYPE OF MERCHANDISE OR PRODUCT
7. SAFETY PRECAUTIONS
8. FREQUENCY OF ACCIDENTS
9. SPREAD OF RISK
10. ANALYSIS OF EXPOSURE GRADING
11. UNSATISFACTORY CLAIMS CONDITIONS
12. OPERATIONS, PROCESSES OR PRODUCTS UNUSUAL TO CLASSIFICATION
13. PROTECTIVE SAFEGUARDS NOT OTHERWISE RECOGNIZED:  
ALARMS, P<AS>, LIFE SAFETY

MAXIMUM		COMMENTS
CREDIT	DEBIT	
%	%	
5	5	
5	5	
5	5	
5	5	
5	5	
10	10	
10	10	
0	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
0	5	
5	5	
5	0	

TOTALS: 2.6%

MAXIMUM COMBINED CREDIT/DEBIT AVAILABLE: 40%

NOTES/APPROVALS: \_\_\_\_\_

UNDERWRITER: JAN 5 1993 DATE: \_\_\_\_\_

**PROPERTY INDIVIDUAL RISK  
PREMIUM MODIFICATION PLAN—CALIFORNIA ONLY**

**CONFIDENTIAL**

NAMED INSURED: Excelllo Plating Co POLICY #: CCP167312 EFF. DATE: 11-11-92

**PROPERTY**

	MAXIMUM		ACTUAL ALLOWED		DOCUMENTATION (MUST BE COMPLETED)
	CREDIT	DEBIT	CREDIT	DEBIT	
A. MANAGEMENT Co-operation in matters of safeguarding and proper handling of property covered	10%	10%	<u>10%</u>		<u>Good</u>
B. LOCATION Accessibility, congestion and exposures	10%	10%	<u>10%</u>		<u>Good Location</u>
C. BUILDING FEATURES Age, condition and unusual structural features	5%	5%			
D. PREMISES AND EQUIPMENT Care, condition and type	5%	5%	<u>4.4</u>		<u>Good</u>
E. EMPLOYEES Selection, training, supervision and experience	5%	5%	<u>5%</u>		<u>Long Time Employees</u>
F. PROTECTION Not otherwise recognized	5%	5%	<u>5%</u>		<u>LOCAL Gong</u>

**TOTALS:** 34.4% **FINAL FACTOR:** \_\_\_\_\_  
MAXIMUM COMBINED CREDIT/DEBIT AVAILABLE: 40%

NOTES/APPROVALS: \_\_\_\_\_

JAN 5 1993

UNDERWRITER: \_\_\_\_\_ DATE: \_\_\_\_\_



CONFIDENTIAL

## GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

### MEMORANDUM

DATE: 12.4.92

TO: Gray-Stone

NAMED INSURED: Exello Plating

POLICY NO.: CCP 167312

WE HAVE ASSIGNED THE POLICY NUMBER INDICATED FOR YOUR CLIENT.

THE PREMIUMS WILL BE AS FOLLOWS:

\$ 4,161. POLICY NO.: CCP 167312-01

\$ POLICY NO.:

Irene McHale/MS  
COMMERCIAL UNDERWRITER

CONFIDENTIAL



GRAY-STONE & COMPANY

(A Corporation)

Insurance Exclusively Since 1947

DATE: 11-11-92  
TO: Golden Eagle Ins Co FROM: Lami Singer  
ATTN: Steve McGee  
RE: Excella Plating CCP16731.2 eff 11-11-92

PLEASE ADVISE IF COPY NOT CLEAR OR IF ANY PAGES ARE MISSING.

NUMBER OF PAGES: THIS PAGE PLUS \_\_\_\_ OTHER PAGES.

COMMENTS:

Please bind & issue coverage  
effective today per your  
quote of 4/6/92



Please confirm with assigned policy #

Thanks

Lami

# GOLDEN EAGLE INSURANCE COMPANY

**CONFIDENTIAL**

☐ NEW BUSINESS QUOTATION (Valid for 30 days  
Coverage is not bound.)

☒ RENEWAL QUOTATION (Valid until renewal  
expiration date.) 11-11-92

TO: GRAY - Stone & Co. DATE: 11-3-92  
WOODLAND HILLS, Ca.

ATTN: Tami Singer

RE: EXCELLO PLATING Co. POLICY NUMBER: CCP167312

WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL UNLESS INDICATED.

PROPERTY	\$ 2,003	GEN. LIAB.	\$ 2,158
INLAND MARINE	\$ 0	AUTO	\$ 0
CRIME	\$ 0	EXCESS	\$ 0
ANNUAL PREMIUM	\$ 4,161	CIGA	\$ 0
		COMM.	15%

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR APPLICATION WITH THE FOLLOWING EXCEPTIONS:

**DEDUCTIBLES:**

- ☐ PROPERTY
- ☐ INLAND MARINE/CRIME
- ☒ GEN. LIAB. \$500 Pd Ded Per Claim
- ☐ AUTO

**COVERAGES:**

- ☐ PROPERTY
- ☐ INLAND MARINE
- ☐ GEN. LIAB.
- ☐ AUTO

COMMENTS:

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW.

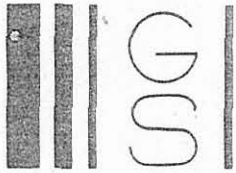
SINCERELY,

*Lorene McGhee*

UNDERWRITING DEPT.

QUOTE IS VALID FOR 30 DAYS. COVERAGE IS NOT BOUND.

**SPECIAL EXCLUSION:** THIS QUOTE EXCLUDES COVERAGE FOR WRONGFUL TERMINATION, SEXUAL HARRASSMENT, ETC. BY ENDORSEMENT.



GRAY-STONE & COMPANY

(A Corporation)

Insurance Exclusively Since 1947

CONFIDENTIAL

September 3, 1992

Golden Eagle Insurance  
7175 Navajo Road  
San Diego, CA 92119

Attn: IRENE MCGEHEE.

RE: EXCELLO PLATING COMPANY  
EFFECTIVE 11/11/92  
CCP 16 73 12

RECEIVED

SEP 04 1992

GOLDEN EAGLE INS.

Dear Irene:

Enclosed is a renewal application for the above mentioned risk.

Please review and provide us with a quotation as soon as possible.

Everything looks as per expiring.

If you have any questions or require any additional information please don't hesitate to give me a call.

Thank you.

*Tami Singer*

Tami Singer

1992 SEP -4 PM 1:20



# ACORD COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

MOBILE DATE (MM/DD/YY)

8/24/92

PRODUCER

CARRIER

UNDERWRITER

POLICIES OR PROGRAM REQUESTED

**BROOKS INSURANCE SERVICES**  
**P.O. BOX 3759**  
**CHATSWORTH, CA 91313-3759**  
**(818) 709-1961**  
**FAX (818) 709-1346**

CODE

SUB-CODE

PLEASE INDICATE THE SECTIONS ATTACHED

<input checked="" type="checkbox"/>	PROPERTY	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	UMBRELLA
<input type="checkbox"/>	GLASS & SIGN	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	BOILER & MACHINERY
<input type="checkbox"/>	ACCTS. REC. / VAL. PAPERS	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>	MISCELLANEOUS CRIME
<input type="checkbox"/>	CRIME	<input type="checkbox"/>	TRUCKERS	<input type="checkbox"/>	
<input type="checkbox"/>	TRANSPORTATION	<input type="checkbox"/>	WORKERS COMP.	<input type="checkbox"/>	

### STATUS OF SUBMISSION

☒ QUOTE  
☐ ISSUE POLICY  
 BOUND (Give Date and/or Attach Copy)

### PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES.

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
11/11/92	11/11/93	<input checked="" type="checkbox"/> AGENCY BILL DIRECT BILL		

### APPLICANT INFORMATION

NAME (first Named Insured & other Named Insureds)

Excello Plating Company

MAILING ADDRESS (of first Named Insured)

4057 Goodwin Avenue, Los Angeles, Ca. 90032  
 INDIVIDUAL ☐ CORPORATION ☒ OTHER (DESCRIBE)  
 PARTNERSHIP ☐ JOINT VENTURE ☐

YRS. IN BUSINESS

44

INSPECTION (Contact/Phone)

Joyce (213) 245-3626

ACCOUNTING RECORDS (Contact/Phone)

Joyce (213) 245-3626

### PREMISES INFORMATION

#	STREET, CITY, COUNTY, STATE, ZIP CODE	INTEREST	YR. BUILT	PART OCCUPIED
1	4057 Goodwin Ave., Los Angeles, Ca. 90032	tenant	1960	entire
2				
3				

### NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Chrome and nickel plating of ashtrays, parts for can openers, cabinet handles, bathroom fixtures, overhead compartment handles--100% aviation--Products Excluded...

### GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No	#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?		<input checked="" type="checkbox"/>	4	Any catastrophe exposure?		<input checked="" type="checkbox"/>
2	Is a formal safety program in operation?	<input checked="" type="checkbox"/>		5	Any other insurance with this company or being submitted?		<input checked="" type="checkbox"/>
3	Any exposure to flammables, explosives, chemicals?	<input checked="" type="checkbox"/>		6	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?		<input checked="" type="checkbox"/>

### REMARKS

### APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

## ACORD. COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

8/24/92

PRODUCER

APPLICANT (First Named Insured)

CONFIDENTIAL

BROOKS INSURANCE SERVICES  
P.O. BOX 3759  
CHATSORTH, CA 91313-3759  
(818) 709-1961  
FAX (818) 709-1348

Excello Plating Company

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
11/11/92	11/11/93	X AGENCY DIRECT		

FOR COMPANY USE ONLY

COVERAGES	LIMITS	PREMIUMS
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 1,000,000
CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ excluded
OWNER'S & CONTRACTORS PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$ 1,000,000
	EACH OCCURRENCE	\$ 1,000,000
	FIRE DAMAGE (ANY ONE FIRE)	\$ 50,000
	MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5,000
DEDUCTIBLES		PRODUCTS
PROPERTY DAMAGE \$ 500		
\$ <input checked="" type="checkbox"/> PER CLAIM		OTHER
\$ <input checked="" type="checkbox"/> PER OCCURRENCE		TOTAL
OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS		

SCHEDULE OF HAZARDS									
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE	PREMIUM	PREMIUM	PREMIUM	PREMIUM
					PREM/OPS PRODUCTS	PREM/OPS	PRODUCTS	PRODUCTS	PRODUCTS
			(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000/cost (t) per unit				
1	Electroplating	52547	s) 600,000 ✓						

CLAIMS MADE (Explain All "Yes" Responses)	TRANSITION
1 PROPOSED RETROACTIVE DATE: n/a	1 HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION? YES NO
2 ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: n/a	2 IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED: 1986 AND:
3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO	Loc NEW CLASS PREV. BASE PREVIOUS EXPOSURE APPLICABLE COVERAGE
4 WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? n/a	1 52547 PREMISES PRODUCTS
COMMENTS	PREMISES PRODUCTS
	PAYROLL: \$210,000
	PREMISES PRODUCTS
	PREMISES PRODUCTS
	PREMISES PRODUCTS
	PREMISES PRODUCTS
	PREMISES PRODUCTS

**PRODUCER**

**BROOKS INSURANCE SERVICES**  
**P.O. BOX 3759**  
**CHATSORTH, CA 91313-3759**  
**(818) 709-1961**  
**FAX (818) 709-1346**

**APPLICANT (first Named Insured)**

Excello Plating Company

**PROPOSED EFF. DATE**

PROPOSED EXP. DATE

### BILLING PLAN

## PAYMENT PLAN

## AUDIT

11/11/92

11/11/93

**X**

AGENCY

**DIRECT**

**FOR COMPANY USE ONLY**

## PREMISES INFORMATION

REMARKS AND EXPLANATIONS		SUBJECT OF INSURANCE	AMOUNT	COINS % VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
PREM NO.		contents	566,000 ✓	90	Special	1000		Fire, ECE, ALL Risk
		business income earnings.	200,000 ✓	50	Special			Fire. ECE. ALL Risk
BLDG NO.								

**ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE		PROT. CL.	# STORIES	# BASM'TS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES	
Block		02	1	0	1960	7000	NONE	
BUILDING IMPROVEMENTS		PLUMBING, YR:						
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE		
Industrial		Industrial				Parking		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
Local Gong								
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)					FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

		SUBJECT OF INSURANCE	AMOUNT	COINS % VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
P R E M N O.								
B L D G N O.								

#### ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		PROT. CL.	# STORIES	# BASMT'S	YR. BUILT	TOTAL AREA		OTHER OCCUPANCIES	
BUILDING IMPROVEMENTS		PLUMBING, YR:							
WIRING, YR:		HEATING, YR:							
ROOFING, YR:		OTHER							
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)					FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

**ACORD 140-S (7/88)**

ATTACH TO APPLICANT INFORMATION SECTION

© ACORD CORPORATION 1988

**GOLDEN EAGLE INSURANCE COMPANY  
PREMIUM WORKSHEET**

**CONFIDENTIAL**

INSURED Excelllo PLating Co. EFFECTIVE DATE: 11-11-92  
 NEW BUSINESS: \_\_\_\_\_ RENEWAL: X POLICY NO. CCP 16 73 12  
 AGENT: GRAY-Stone & Co. AGENCY CURRENT LOSS RATIO: \_\_\_\_\_  
 POLICY LOSS RATIO: 0% CURRENT YEAR Problem Line(S): \_\_\_\_\_  
 POLICY CUMULATIVE L/R: 0% YEARS 1

**ANNUAL PREMIUMS**

Last Year

Recommended This Year

PROPERTY	<u>2,003</u>	<u>2,003</u>
GENERAL LIABILITY	<u>2,158</u>	<u>2,158</u>
INLAND MARINE	_____	_____
CRIME	_____	_____
AUTOMOBILE	_____	_____
TOTAL	\$ <u>4,161</u>	\$ <u>4,161</u>

**EXPOSURE CHANGES**

PROPERTY: (Only if excess of 10%) \_\_\_\_\_

GENERAL LIABILITY: \_\_\_\_\_

AUTOMOBILES: \_\_\_\_\_

Note: GL changes in payroll or receipts. Auto total number of vehicles.

\$600,000 SALES

44 YRS IN BUSINESS

**CREDITS**

	PROP	GL	AL	APHYD	GAR	IM	CRIME	OTHER
PACKAGE	<u>.750</u>	<u>.750</u>						
EXPERIENCE								
SCHEDULE	<u>.711</u>	<u>1.026</u>						
DEVIATION								
COMM. REDUCTION								
FINAL RMF	<u>.533</u>	<u>.769</u>						

COMMENTS: Chrome & Nickel PLATING. OK To Quote  
SAME AS LAST YEAR @ \$4,161?

IRENE MOGEHEE

UNDERWRITER: \_\_\_\_\_

UNIT LEADER APPROVAL: \_\_\_\_\_

DATE: NOV 2 1992

DATE: NOV 2 1992



# GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST

POLICY NUMBER: CCP167312 EFFECTIVE DATE: 11-11-92

RENEWAL QUOTE: X

RENEWAL ISSUE: \_\_\_\_\_ RENEWAL CERT.? \_\_\_\_\_ RENEWAL POLICY? \_\_\_\_\_

ENDORSEMENT: \_\_\_\_\_

NAMED INSURED: EXCELLO PLATING Co.

ADDRESS: \_\_\_\_\_

PRODUCER: GRAY-Stone

UNDERWRITER: \_\_\_\_\_

CROSS REFERENCE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

**CONFIDENTIAL**

	YES	NO
TREATY EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>
FACULTATIVE REINS	<input type="checkbox"/>	<input type="checkbox"/>
* CESSION STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ICC/PUC FILING STATEMENT OF VALUES	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>
LAYOFF RE-INS SHEET	<input type="checkbox"/>	<input type="checkbox"/>

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY:
PROP _____	LOSS CONTROL SURVEY* _____		EXPERIENCE RATING	LINE OF BUSINESS:	
GL _____	D&B REPORT* _____		LINES OF BIZ APPLICABLE:		
PROD _____	CURRENT LOSS RUNS _____		LIABILITY		
AUTO _____	MVR'S* _____		PHY. _____		
CRIME _____	SPRKLER REPORT* _____		AUTO: DAM. _____ LIAB. _____		
	OTHER _____		SCHEDULE RATING	TEST AUDIT?	
	*INDICATE IF WAIVED		PER FORM(S) ATTACHED		
			OTHER _____		

COMMENTS: PLEASE WORK UP RENEWAL QUOTE @

MANUAL PER EXPIRING & RETURN TO L/I.

\_\_\_\_\_

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\_\_\_\_\_

CONTINUE COMMENTS ON REVERSE SIDE

<b>UNDERWRITER</b> IRENE MOSENEE SEP 24 1992	<b>APPROVED</b>	<b>RATER</b> 10-02-92 IN QUOTED BY <b>CORA CRISOSTOMO</b> OCT 02 1992 #159	<b>TYPIST</b>	RECEIVED IN SEP 26 1992 FILING
--	-----------------	---	---------------	--------------------------------------

LOSS EXPERIENCE AS OF 09/23/92 AT 1:05:42 PM BY CU2

POLICY: CCP-167312-00  
INSURED: EXCELLO PLATING COMPANYEFF DATE: 11-19-91 FORM: CMP  
EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 09-92

CLAIM DATE: 09-92

## EXECUTIVE SUMMARY

## POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	520.13
EARNED PREMIUM	3,640.87
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u> <u>EARNED PREMIUM</u>	

## TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+-----0.00
TOTAL PAID	0.00
RESERVES	+-----0.00
INCURRED LOSSES	0.00

## LOSSES FOR THE PERIOD---

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333



2/26/92

## PRODUCER

CALIFORNIA COASTAL INS  
PO BOX 5076  
SAN RAMON CA 94583

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

## INSURED

PIPING SYSTEMS INC  
8100 CAPWELL DRIVE  
OAKLAND CA 94621

COMPANY  
LETTER

A

GOLDEN EAGLE INS CO

COMPANY  
LETTER

B

GOLDEN EAGLE INS CO

COMPANY  
LETTER

C

COMPANY  
LETTER

D

REPUBLIC INDEMNITY

COMPANY  
LETTER

E

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	CCP167311	11/10/91	11/10/92	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED. EXPENSE (Any one person) \$5,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	CCP167311	11/10/91	11/10/92	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PC993506	11/10/91	11/10/92	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All California Operations

## CERTIFICATE HOLDER

RENE MCGEEHEE

MAR 3 1992

R. D. FISHER CONSTRUCTION CO.  
31851-A Hayman Street  
Hayward CA 94544

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO  
MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE  
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## AUTHORIZED REPRESENTATIVE

David M. Diamond

2/26/92

PRODUCER

CALIFORNIA COASTAL INS  
PO BOX 5076  
SAN RAMON CA 94583

INSURED

PIPING SYSTEMS INC  
8100 CAPWELL DRIVE  
OAKLAND CA 94621

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## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	GOLDEN EAGLE INS CO
COMPANY LETTER B	GOLDEN EAGLE INS CO
COMPANY LETTER C	
COMPANY LETTER D	REPUBLIC INDEMNITY
COMPANY LETTER E	

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	CCP167311	11/10/91	11/10/92	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED. EXPENSE (Any one person) \$5,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	CCP167311	11/10/91	11/10/92	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
D	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	PC993506	11/10/91	11/10/92	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All California Operations

## CERTIFICATE HOLDER

BROWN &amp; ROOT SERVICES CORP.

MAR 3 1992

BROWN & ROOT SERVICES CORP.  
P O Box 23605  
Oakland CA 94623

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## AUTHORIZED REPRESENTATIVE

David M. Diamond

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Jan. 8, 1992

PRODUCER

Brooks Insurance Services  
P.O. Box 3787  
Chatsworth, CA. 91313  
818/709-1961  
FAX 818/709-1346

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Golden Eagle c/o Gray-Stone &amp; Company

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Excello Plating Company  
4057 Goodwin Avenue  
Los Angeles, CA. 90032

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$
	NON-OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				STATUTORY LIMITS
	EXCESS LIABILITY				EACH ACCIDENT \$
	UMBRELLA FORM				DISEASE-POLICY LIMIT \$
	OTHER THAN UMBRELLA FORM				DISEASE-EACH EMPLOYEE \$
	WORKER'S COMPENSATION				
	AND				
	EMPLOYERS' LIABILITY				

KATHY SUBLETT  
FEB 03 1992

☐ Attach ☐ Red File  
☒ Pull ☐ Search  
☐ Return

OTHER  
A Business Personal Property CCP16 73 12 11/11/91 11/11/92 \$566,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER Loss Payee

AT&T Credit Corporation  
c/o Lease Insurance Agency Services  
P.O. Box 96064  
Bellevue, Washington 98009

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

DO NOT REMOVE

CONFIDENTIAL

NAMED INSURED: Excello Plating  
POLICY NUMBER: COA 167712 NEW BUSINESS: ✓  
EFFECTIVE DATE: 11-11-91 RENEWAL: \_\_\_\_\_  
QUOTE: \_\_\_\_\_ ISSUE: \_\_\_\_\_

	DATE	INITIALS
TO UNDERWRITER:	IN: _____	_____
TO NEW BUSINESS:	IN: _____	_____
	OUT: _____	_____
TO UNDERWRITER:	IN: _____	_____
	OUT: <u>12/4</u>	<u>Ref</u>

TO RATING:	IN: _____	_____
RATER:	OUT: _____	_____

1561 DEC 5 1991  
12-5-91 mg  
12-9-91 mg

TOTAL POLICY PREMIUM: 4161 + ugn

TO DATA ENTRY:	IN: <u>12-12</u>	<u>MRS</u>
	D/E: <u>✓</u>	_____
	OUT: <u>✓</u>	_____

TO POLICY TYPING:	IN: <u>12-12</u>	<u>RAI</u>
TYPIST:	<b>SANDRA CHENAULT</b>	_____
	<b>MARILYN RAMOS</b>	_____
COLLATING:	<b>DEC 13 1991</b>	_____
	OUT: <b>DEC 16 1991</b>	_____

TO MAIL ROOM: \_\_\_\_\_

TOTAL DAYS PROCESSED: \_\_\_\_\_

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



GEIC-UNDERWRITER'S CHECKLIST

30751

CONFIDENTIAL

RECEIVED: 08/26/91 EFFECTIVE: 11/11/91

INSURED: EXCELLO PLATING COMPANY  
ACCOUNT #: EXCELL008  
ADDRESS: 4057 GOODWIN AVE

LOS ANGELES, CA 90032-  
AGENT: GRAY-STONE & COMPANY  
BRANCH/AGENT CODE: 01 02912  
UNDERWRITER: RD, CODE: 21, NAME: R. DAVEY  
POLICY TYPE: CDP  
QUOTE-ISSUE: 0  
EFFECTIVE: 10/30  
REASON:  
POLICY NRS:  
OTHER INFO:

	YES	NO
TREATY EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>
FACULTATIVE REINS.	<input type="checkbox"/>	<input type="checkbox"/>
* CESSION STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ICC/PUC FILING STATEMENT OF VALUES	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>
LAYOFF RE-INS SHEET	<input type="checkbox"/>	<input type="checkbox"/>

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY:
PROP	LOSS CONTROL SURVEY*		EXPERIENCE RATING LINES OF BIZ APPLICABLE:	LINE OF BUSINESS:	
GL	D&B REPORT*		LIABILITY		
PROD	CURRENT LOSS RUNS		PHY. AUTO: DAM. LIAB.		
AUTO	MVR'S*		SCHEDULE RATING PER FORM(S) ATTACHED	TEST AUDIT?	
CRIME	SPRKLER REPORT*		OTHER	CROSS REFERENCED TO:	
	OTHER *INDICATE IF WAIVED				

COMMENTS:

1990 Written: 5,317,445.00 Ratio: 0.0

1990 Written: 6,392,417.00 Ratio: 1.0

1991 Written: 6,716,813.00 Ratio: 9.0

PRIOR SUBMISSION

Producers: GRAY-STONE & COMPANY UW: 21

Policy Type: CDP Status: QR - 08/13/91 Received: 08/13/91

80% min earned m GE #: 030751 Approvals: / / Grade: C Firm/Decl: D

Prod. exclud. m Quote Fren.: 0 EAP: 0

Issued Date: / / Policy #: - -

Comments: DECLINED 10/24 - CS

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER

APPROVED

RATER

TYPIST

RON DAVEY

DEC 4 1991

# 21

MARIA GARCIA

DEC 09 1991

SANDRA CHENAULT

DEC 13 1991

# COMMON POLICY DECLARATIONS

GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO. CP 167312

RENEWS new

FIRST NAMED INSURED: Exello Plating Company

MAILING ADDRESS: 4057 Goodwin Avenue,  
Los Angeles, Ca. 90032

POLICY PERIOD: FROM: November 11, 1991 TO November 11, 1992  
(12:01 A.M. Standard Time at your mailing address shown above)

BUSINESS DESCRIPTION: Chromium Nickel  
Plating

AGENT OR BROKER: ☒  
CODE: 2912  
TOWN AND STATE: ☒

NAMED INSURED ENTITY: Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Boiler and Machinery Coverage Part	\$ <u>Not Covered</u>
Commercial Auto Coverage Part	\$ <u>Not Covered</u>
Commercial Crime Coverage Part	\$ <u>Not Covered</u>
Commercial General Liability Coverage Part	\$ <u>2158</u>
Commercial Inland Marine Coverage Part	\$ <u>Not Covered</u>
Commercial Property Coverage Part	\$ <u>2003</u>
Farm Coverage Part	\$ <u>Not Covered</u>

Installment Charge \_\_\_\_\_ \$  
TOTAL \$ 4161 +  
Ciga 21

Premium shown is payable: at inception

Forms applicable to all Coverage Parts:

BECPD 802A(0788) BECPD 910(0689) IL0003(0689) IL0021(1185)  
IL0017(1185) IL0270(0388) ~~BECPD 802A(0788)~~

COUNTERSIGNED: \_\_\_\_\_  
(Date)

BY: (Signature)  
(Authorized Representative)



**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS  
GOLDEN EAGLE INSURANCE COMPANY**

**CONFIDENTIAL**

POLICY NO: ✓

EFFECTIVE DATE: ✓

12:01 A.M., Standard Time

NAMED INSURED: ✓

AGENT OR BROKER CODE: ✓

**DESCRIPTION OF PREMISES**

PREM. NO. BLDG. NO. LOCATION

CONSTRUCTION AND OCCUPANCY

1 1 4057 Goodwin Avenue - Masonry - Chrome & Nickel  
Los Angeles, Ca. 90032 Plating

**COVERAGES PROVIDED—Insurance at the described premises applies only for coverages for which a limit of insurance is shown.**

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	DEDUCTIBLE	COINSURANCE**
1	1	Business	566,000	Special Form	1000	90%
		Personal Property				
		Business	200,000		nil	nil
		Income				

\*\*IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

**OPTIONAL COVERAGES—Applicable only when entries are made in the schedule below.**

PREM. NO.	BLDG. NO.	AGREED VALUE EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X)		
					BUILDING	PERSONAL PROPERTY	INCLUDING "STOCK"
2	7						

INFLATION GUARD (Percentage)

BUILDING PERSONAL PROPERTY

\*MONTHLY LIMIT OF

INDEMNITY (Fraction)

\*MAXIMUM PERIOD

OF INDEMNITY (X)

\*EXTENDED PERIOD

OF INDEMNITY (Days)

\*APPLIES TO BUSINESS INCOME ONLY.

**MORTGAGE HOLDERS**

PREM. NO. BLDG. NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

**FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES**

PREM. NO. BLDG. NO. COVERAGES

FORM NUMBER

1 1 Commercial Property

CF175(0186), CP0010(1090), CP0090(0788),  
CP0121(0788), GECP805(1089), CP0299(1185),  
CP0030(1090) CP1030(1090)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any issued to form a part thereof, complete the contract of insurance.

COMMERCIAL GENERAL LIABILITY  
COVERAGE PART DECLARATIONS  
OCCURRENCE FORM  
GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

POLICY NO.: ✓

EFFECTIVE DATE: ✓

12:01 A.M., Standard Time

NAMED INSURED: ✓

AGENT OR BROKER CODE: ✓

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products—Completed Operations)	\$ 1,000,000	
Products—Completed Operations Aggregate Limit	\$ Excluded	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence Limit	\$ 1,000,000	
Fire Damage Limit	\$ 50,000	Any One Fire
Medical Expense Limit	\$ 5,000	Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

4057 Goodwin Avenue, Los Angeles Ca. 90032

PREMIUM

Classification	Code No.	Premium Basis and Exposure	Pr/Co	Rate All Other	Advance Premium Pr/Co	All Other
Electroplating	52547	600,000	Excl	3.479	\$ Excl	\$ 2087

Endorsement Premium

71

Total Advance Premium \$ Excl. \$ 2158

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

GE-CG801A(0891), CL175(0286), CG0001(1188), GE-CG806(1088), GE-CG824(0289),  
GE-CG825(0189), GE-CG828(0188) CB0300(1185) CB2011(1185) CB2104(1185)

These Declarations when combined with the common policy declarations, the common policy conditions, coverage form(s) and endorsements, if any, issued to form a part thereof, complete the contract of insurance.

POLICY NUMBER: /

CONFIDENTIAL

CL 234  
(11-85)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 03 00 11 85

**DEDUCTIBLE LIABILITY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Coverage	Amount and Basis of Deductible	
Bodily Injury Liability	\$ <i>nil</i>	per claim
	\$ <i>nil</i>	per occurrence
Property Damage Liability	\$ <i>500</i>	per claim
	\$ <i>nil</i>	per occurrence
Bodily Injury Liability and Property Damage Liability Combined	\$ <i>nil</i>	per claim
	\$ <i>nil</i>	per occurrence

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**APPLICATION OF ENDORSEMENT** (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):—

1. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to "each occurrence" for such coverages will be reduced by the amount of such deductible. "Aggregate" limits for such coverages shall not be reduced by the application of such deductible amount.

2. The deductible amounts stated in the Schedule apply as follows:

**A. PER CLAIM BASIS**—if the deductible is on a "per claim" basis, the deductible amount applies:

1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
  - a. To all damages because of "bodily injury" sustained by one person, or
  - b. To all damages because of "property damage" sustained by one person or organization,as the result of any one "occurrence".

2. Under Bodily Injury Liability and Property

Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence".

**B. PER OCCURRENCE BASIS**—if the deductible is on a "per occurrence" basis, the deductible amount applies:

1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:
  - a. To all damages because of "bodily injury" as the result of any one "occurrence", or
  - b. To all damages because of "property damage" as the result of any one "occurrence".

regardless of the number of persons or organizations who sustain damages because of that "occurrence".

2. Under Bodily Injury Liability and Property Damage Liability Coverage combined to all damages because of "bodily injury" and "property damage" as the result of any one

(over)



**CONFIDENTIAL**

POLICY NUMBER: /

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY**  
**ADDITIONAL INSUR**

**READ IT CAREFULLY.**

**OR LESSORS OF**

This endorsement modifies insurance provi

COMMERCIAL GENERAL LIABILITY

*TYPIST -  
tagged  
see in app  
page for spelling  
of name*

**SCHEDULE**

1. Designation of Premises (Part Leased to You): *4057 Goodwin Avenue, Los Angeles Ca. 90032*
2. Name of Person or Organization (Additional Insured): *Sprinto Family trust*  
*Gilda Elangston as trustee*  
*896 No. Raymond, Pasadena Ca. 91103*
3. Additional Premium: *71*

(If no entry appears above, the information required to complete this endorsement will be shown in the Declaration as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Property-Casualty Policy  
Issuance Instructions

CONFIDENTIAL

Named Insured: Excella Hating  
Policy Number: CCP 167312 Policy Period: 11-11-91 to 11-11-92  
Program: Yes ( ) No (☒) Number of Location: 1 Auto Units: 0

Premium Breakdown:

Property:	<u>2003</u>	Gen. Liab:	<u>2158</u>
Inland Marine:	_____	Automobile:	_____
Crime:	_____	Excess:	_____
Gar. Liab:	_____	G.K.L.L.:	_____
Total Premium:	<u>4161</u>	CIGA: <u>21</u>	Comm: <u>157</u>

Premium Payment Plan: At Inception ( ) 3-Pay ( )  
Quarterly ( ) 6-Pay ( ) 8-Pay ( )

Other Than Standard Forms: - Attach Completed Form:

<u>Section</u>	<u>Form No.</u>	<u>Description of Form</u>
_____	_____	<u>Products exclusion</u>
_____	_____	<u>80% min earned in GL</u>
_____	_____	_____
_____	_____	_____

Special Instructions:

Composite	Rate	Minimum
Rated ( )	Base: _____ Rate: _____	Premium: _____

**GEIC—UNDERWRITER'S CHECKLIST**

**CONFIDENTIAL**

RECEIVED: 08/13/91      EFFECTIVE: 11/11/91

INSURED: EXELLO PLATING COMPANY  
 ACCOUNT #: EXELLO0000  
 ADDRESS: 4057 GOODWIN AVE

LOS ANGELES, CA 90039--  
 AGENT: GRAY-STONE & COMPANY  
 RANCH/AGENT CODE: 01 02912  
 UNDERWRITER: RD , CODE: 21 , NAME: R. DAVEY  
 POLICY TYPE: CCP  
 QUOTE-ISSUE: QR  
 CTIVE:  
 LEAD:  
 REASON:  
 POLICY NRS:      ---      ---  
 OTHER INFO:

	YES	NO
TREATY EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>
FACULTATIVE REINS	<input type="checkbox"/>	<input type="checkbox"/>
* CESSION STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ICC/PUC FILING STATEMENT OF VALUES	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>
LAYOFF RE-INS SHEET	<input type="checkbox"/>	<input type="checkbox"/>

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY:
PROP	LOSS CONTROL SURVEY*		EXPERIENCE RATING	LINE OF BUSINESS:	
GL	D&B REPORT*		LINES OF BIZ APPLICABLE:		
			LIABILITY		
PROD	CURRENT LOSS RUNS		PHY. AUTO: DAM.      LIAB.		
AUTO	MVR'S*		SCHEDULE RATING	TEST AUDIT?	
CRIME	SPRKLER REPORT*		PER FORM(S) ATTACHED	CROSS REFERENCED TO:	
	OTHER		OTHER		
	*INDICATE IF WAIVED				

COMMENTS:

1989 Written: 5,317,645.00 Ratio: 9.0

1990 Written: 6,392,417.00 Ratio: 10

1991 Written: 6,716,813.00 Ratio: 9.0

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER

APPROVED

RATER

TYPIST



**CONFIDENTIAL**

**RISK MODIFICATION WORKSHEET — CALIFORNIA ONLY**

NAMED INSURED: Excelsior Motors POLICY #: CCP 167312 EFF. DATE: 11-11-91

**A. MANAGEMENT**

1. COOPERATION WITH COMPANY
2. MAINTENANCE OF RECORDS FOR PURPOSE OF AUDIT
3. ATTITUDE TOWARD PUBLIC SAFETY & CONVENIENCE
4. COOPERATION IN SAFEGUARDING & HANDLING OF INSURED PROPERTY

**B. EQUIPMENT**

1. TYPE
2. AGE
3. SERVICING STANDARDS
4. REPAIR FACILITIES
5. EQUIPMENT SAFEGUARDS
6. ADEQUACY OF OPERATIONS
7. USE BY EMPLOYEES—OFF DUTY

**C. RISK CHARACTERISTICS**

1. EMPLOYEES—SELECTION, TRAINING, SUPERVISION
2. CONSTRUCTION OF BUILDING
3. LOCATION OF RISKS
4. MAINTENANCE OF PREMISES
5. AGE & CONDITION OF PREMISES
6. TYPE OF MERCHANDISE OR PRODUCT
7. SAFETY PRECAUTIONS
8. FREQUENCY OF ACCIDENTS
9. SPREAD OF RISK
10. ANALYSIS OF EXPOSURE GRADING
11. UNSATISFACTORY CLAIMS CONDITIONS
12. OPERATIONS, PROCESSES OR PRODUCTS UNUSUAL TO CLASSIFICATION
13. PROTECTIVE SAFEGUARDS NOT OTHERWISE RECOGNIZED: ALARMS, P<AS>, LIFE SAFETY

MAXIMUM		COMMENTS
CREDIT	DEBIT	
%	%	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
10	10	
10	10	
0	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
5	5	
0	5	
5	5	
5	0	

TOTALS: \_\_\_\_\_

MAXIMUM COMBINED CREDIT/DEBIT AVAILABLE: 25%

NOTES/APPROVALS: \_\_\_\_\_

UNDERWRITER: \_\_\_\_\_ DATE: \_\_\_\_\_



# GOLDE EAGLE INSURANCE CO PANY

0.4  
CONFIDENTIAL

☒ NEW BUSINESS QUOTATION (Valid for 30 days  
Coverage is not bound.)

☐ RENEWAL QUOTATION (Valid until renewal  
expiration date.)

TO: Gray Stone & Co  
Woodland Hills CA

DATE: 10-30-91

ATTN:

RE: Exeello Plating

POLICY NUMBER:

WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL  
UNLESS INDICATED.

PROPERTY	\$ <u>1877 2003</u>	GEN. LIAB.	\$ <u>2158</u>
INLAND MARINE	\$ _____	AUTO	\$ _____
CRIME	\$ _____	EXCESS	\$ _____
ANNUAL PREMIUM	\$ <u>3975 4161</u>	CIGA	\$ <u>20</u>
		COMM.	<u>157</u>

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR APPLICATION WITH THE FOLLOWING  
EXCEPTIONS:

## DEDUCTIBLES:

- ☐ PROPERTY \_\_\_\_\_
- ☐ INLAND MARINE/CRIME \_\_\_\_\_
- ☐ GEN. LIAB. \_\_\_\_\_
- ☐ AUTO \_\_\_\_\_

## COVERAGES:

- ☐ PROPERTY \_\_\_\_\_
- ☐ INLAND MARINE \_\_\_\_\_
- ☒ GEN. LIAB. 50% min covered on Ck
- ☐ AUTO \_\_\_\_\_

COMMENTS: Product excluded

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS  
RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE  
QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—  
CALL US NOW..

SINCERELY,

*K. Quary*

UNDERWRITING DEPT.

QUOTE IS VALID FOR 30 DAYS. COVERAGE IS NOT BOUND.

**SPECIAL EXCLUSION:** THIS QUOTE EXCLUDES COVERAGE FOR  
WRONGFUL TERMINATION, SEXUAL HARRASSMENT, ETC. BY ENDORSEMENT.

**GOLDEN EAGLE INSURANCE COMPANY  
PREMIUM WORKSHEET**

**CONFIDENTIAL**

INSURED Excella Platany EFFECTIVE DATE: 11/11/91  
 NEW BUSINESS: X RENEWAL: \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
 AGENT: Greg Stac AGENCY CURRENT LOSS RATIO: \_\_\_\_\_  
 POLICY LOSS RATIO: \_\_\_\_\_ CURRENT YEAR Problem Line(S): \_\_\_\_\_  
 POLICY CUMULATIVE L/R: \_\_\_\_\_ YEARS \_\_\_\_\_

**ANNUAL PREMIUMS**

Last Year

Recommended This Year

PROPERTY	_____	<u>1817</u>
GENERAL LIABILITY	_____	<u>2158</u>
INLAND MARINE	_____	_____
CRIME	_____	_____
AUTOMOBILE	_____	_____
TOTAL	\$ <u>7</u>	\$ <u>3975 + CICA</u>

**EXPOSURE CHANGES**

PROPERTY: (Only if excess of 10%) \_\_\_\_\_  
 GENERAL LIABILITY: \_\_\_\_\_  
 AUTOMOBILES: \_\_\_\_\_  
 Note: GL changes in payroll or receipts. Auto total number of vehicles.

**QUOTE OK**

**OCT 24 1991**

**JCM**

**CREDITS**

	PROP	GL	AL	APHYD	GAR	IM	CRIME	OTHER
PACKAGE	<u>775</u>	<u>775</u>				<u>TERESA</u>	<u>McGUIRE</u>	
EXPERIENCE								
SCHEDULE	<u>80</u>	<u>80</u>						
DEVIATION								
COMM. REDUCTION								
FINAL RMF	<u>162</u>							

COMMENTS: Dead current carrier info Products excluded  
Chrome & Nickel plating of ashtray  
parts for car - license, Mustang  
figure. 100% is also for aircraft.  
Butlassing.

UNDERWRITER: RON DAVEY UNIT LEADER APPROVAL: KAREN JOHNSON  
 DATE: OCT 23 1991 DATE: OCT 23 1991

RD

DO NOT REMOVE

CONFIDENTIAL

NAMED INSURED: EXCELLO PLATING COMPANY Q1028-91  
POLICY NUMBER: \_\_\_\_\_ NEW BUSINESS: \_\_\_\_\_  
EFFECTIVE DATE: 11-11-91 RENEWAL: \_\_\_\_\_  
QUOTE: \_\_\_\_\_ ISSUE: \_\_\_\_\_

	DATE	INITIALS
TO UNDERWRITER:	IN: _____	_____
TO NEW BUSINESS:	IN: <u>08-26-91</u>	<u>CMK</u>
	OUT: <u>08-26-91</u>	<u>CMK</u>
TO UNDERWRITER:	IN: _____	_____
	OUT: _____	_____
TO RATING:	IN: _____	_____
RATER	_____	_____
	OUT: _____	_____
TOTAL POLICY PREMIUM:	_____	_____
TO DATA ENTRY:	IN: _____	_____
	D/E: _____	_____
	OUT: _____	_____
TO POLICY TYPING:	IN: _____	_____
TYPIST:	_____	_____
COLLATING:	_____	_____
	OUT: _____	_____
TO MAIL ROOM:	_____	_____
TOTAL DAYS PROCESSED:	_____	_____

KATHLEEN  
SUBLETT

SALES \$600,000.

AGENTS 1990  
LOSS RATIO 10 %  
VOLUME 6,392,417.

AGENTS 1991  
LOSS RATIO 9 %  
VOLUME 6,716,813.

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_

TERESA MCGUIRE

REACTIVATION

AUG 27 1991

SEE NEXT PAGE

NO PD  
DECLINED 10-24-90

CONFIDENTIAL



# GRAY-STONE & COMPANY

(A Corporation)

Insurance Exclusively Since 1947

August 22, 1991

Golden Eagle Insurance Co.  
7175 Navajo Road  
San Diego, CA 92119

Attn: Ron Davey

RE: EXCELLO PLATING COMPANY  
PACKAGE

Effective: 11/11/91      RESERVED: 8/12/91

Dear Ron:

Please review attached application and advise if you can offer a quotation.

The insured is an electroplater. Loss runs or no loss letter to follow.

If you require additional information, please advise.  
on, please advise.

Regards,

*Betty*  
Betty Kent  
Broker



ACORD

COMMERCIAL INSURANCE APPLICATION  
APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

10-4-91

PRODUCER

CARRIER

UNDERWRITER

CONFIDENTIAL

## GRAY-STONE &amp; COMPANY.

P.O. Box 889  
Woodland Hills, CA 91365  
(818) 593-3333  
(818) 593-3650 FAX

## POLICIES OR PROGRAM REQUESTED

Commercial Package

## PLEASE INDICATE THE SECTIONS ATTACHED

<input checked="" type="checkbox"/> PROPERTY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> GLASS & SIGN	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> BOILER & MACHINERY
<input type="checkbox"/> ACCTS. REC. / VAL. PAPERS	<input type="checkbox"/> GARAGE	<input type="checkbox"/> MISCELLANEOUS CRIME
<input type="checkbox"/> CRIME	<input type="checkbox"/> TRUCKERS	
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> WORKERS COMP.	

CODE

SUB-CODE

## STATUS OF SUBMISSION

## PACKAGE POLICY INFORMATION

☒ QUOTE ☐ ISSUE POLICY

BOUND (Give Date and/or Attach Copy)

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES.

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

11-11-91

11-11-92

☒ AGENCY BILL

DIRECT BILL

## APPLICANT INFORMATION

NAME (first Named Insured &amp; other Named Insureds)

Exello Plating Company

MAILING ADDRESS (of first Named Insured)

4057 Goodwin Avenue, Los Angeles, CA. 90032

INDIVIDUAL

☒ CORPORATION☐ OTHER (DESCRIBE)

YRS. IN BUSINESS

43

PARTNERSHIP

JOINT VENTURE

INSPECTION (Contact/Phone)

Joyce (213)245-3626

ACCOUNTING RECORDS (Contact/Phone)

same

## PREMISES INFORMATION

# STREET, CITY, COUNTY, STATE, ZIP CODE

INTEREST

YR. BUILT

PART OCCUPIED

1 same

Tenant

1960

Entire

## NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Chrome and nickel plating of ashtrays, parts for can openers, cabinet handles, bathroom fixtures, overhead compartment handles--100% aviation--Products Excluded....

## GENERAL INFORMATION

# EXPLAIN ALL "YES" RESPONSES

Yes

No

# EXPLAIN ALL "YES" RESPONSES

Yes

No

1 Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?

☒

4 Any catastrophe exposure?

☒

2 Is a formal safety program in operation?

☒

5 Any other insurance with this company or being submitted?

☒

3 Any exposure to flammables, explosives, chemicals?

☒

6 Any policy or coverage declined, cancelled or

non-renewed during the prior 3 years?

☒

## REMARKS

## APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S  
SIGNATUREPRODUCER'S  
SIGNATURE

ACORD 125-9-77-91

ACORD 125-9-77-91 REVERSE SIDE

© ACORD CORPORATION 1988

08.23.90 08:53 AM P10

५५३३५५

## LOSS HISTORY

CHECK HERE IF NONE

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
		NONE				OPE CLOS OPN CLO OP CLC OF CLC OI CU

SEE ATTACHED LOSS SUMMARY.



# PROPERTY SECTION

DATE (MM/DD/YY)  
10-4-91

PRODUCER

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

**BROOKS INSURANCE SERVICES**  
P. O. BOX 3787  
CHATSWORTH, CA 91313-3787  
(818) 709-1961 FAX(818) 709-1346

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
11-11-91	11-11-92	<input checked="" type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT		

FOR COMPANY USE ONLY

## PREMISES INFORMATION

PREM NO.	SUBJECT OF INSURANCE	AMOUNT	COINS % VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY	
	Contents	566,000	90	Special	1000		Fire, Fire, ECE, ALL Risk	50 2830
	Business Income	200,000	50	Special			Fire, Fire, ECE, ALL Risk	100 400
	Earnings	50,000	50	Special			Fire, Fire, ECE, ALL Risk	100 400

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL.	# STORIES	# BASMT'S	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
Block	02	1	0	1960	7000	NONE
BUILDING IMPROVEMENTS	PLUMBING, YR:	HEATING, YR:	OTHER			
WIRING, YR:						
ROOFING, YR:						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE				
Industrial	Industrial	Parking				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
Local Gong					WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN		CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
CO <sub>2</sub> Cannisters					LOCAL GONG	

PREM NO.	SUBJECT OF INSURANCE	AMOUNT	COINS % VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY	

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL.	# STORIES	# BASMT'S	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BUILDING IMPROVEMENTS	PLUMBING, YR:	HEATING, YR:	OTHER			
WIRING, YR:						
ROOFING, YR:						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
					WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN		CLOCK HOURLY	
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
					LOCAL GONG	

SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS





# CONTRACTORS

# EXPLAIN ALL "YES" RESPONSES

(For Any Past Or Present Operations)

YES NO

FULL TIME STAFF:

PART TIME STAFF:

DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED:

1 DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?

2 DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?

3 DO ANY OPERATIONS INCLUDE EVACUATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?

4 DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

5 ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?

6 DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

REMARKS:

CONFIDENTIAL

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS

ANNUAL GROSS SALES

# OF UNITS

TIME IN MARKET

EXPECTED LIFE

INTENDED USE

PRINCIPAL COMPONENTS

EXCLUDED

# EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)

YES NO

1 DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?

2 FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?

3 RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?

4 GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?

5 PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

# EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)

YES NO

6 PRODUCTS RECALLED, DISCONTINUED, CHANGED?

7 PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

8 PRODUCTS UNDER LABEL OF OTHERS?

9 VENDORS COVERAGE REQUIRED?

10 DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

## ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

# NAME & ADDRESS (INCLUDE LOAN NUMBER FOR MORTGAGEES)

INTEREST

CERT

Spirito Family Trust Gilda Elangstan as Trustee

Landlord

896 No Raymond, Pasadena, CA. 91103

## GENERAL INFORMATION

# EXPLAIN ALL "YES" RESPONSES

(For All Past Or Present Operations)

YES NO

1 ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?

2 ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?

3 DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)

4 ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?

5 MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?

6 ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED, OR LEASED?

REMARKS:

# EXPLAIN ALL "YES" RESPONSES

YES NO

7 ANY PARKING FACILITIES OWNED/RENTED?

8 IS A FEE CHARGED FOR PARKING?

9 RECREATION FACILITIES PROVIDED?

10 IS THERE A SWIMMING POOL ON THE PREMISES?

11 SPORTING OR SOCIAL EVENTS SPONSORED?

12 ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

13 ANY DEMOLITION EXPOSURE CONTEMPLATED?

CONFIDENTIAL



GRAY-STONE & COMPANY

(A Corporation)

Insurance Exclusively Since 1947

DATE: 8/12/91

TO: GOLDEN EAGLE

FROM: BETTY KENT

ATTN: IRENE MC GEEHE

REGARDING: Excella Plating

PLEASE ADVISE IF COPY NOT CLEAR OR IF ANY PAGES ARE MISSING.

NUMBER OF PAGES: THIS PAGE PLUS          OTHER PAGES

COMMENTS:

PLEASE RESERVE THE FOLLOWING FOR PACKAGE AUTO UMBRELLA

EFFECTIVE 11/11/91

X products

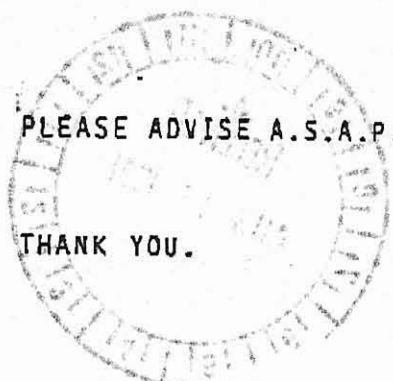
NAME Excella Plating

ADDRESS 4057 Gordon  
La CA 90039

BUSINESS OF THE INSURED Electroplating

PLEASE ADVISE A.S.A.P. IF NOT CLEAR TO QUOTE.

THANK YOU.



21820 BURBANK BLVD., #100, WOODLAND HILLS, CA 91367

PHONE (818) 593-3333 • FAX (818) 593-3650

MAILING ADDRESS: PO. BOX 289, WOODLAND HILLS, CA 91367

AUG 13 '91 8:42

818 593 3440 PAGE.001



CONFIDENTIAL

GRAY-STONE & COMPANY  
LA Corporation Insurance Exclusively Since 1947

DATE: 11-11-91  
TO: Golden Eagle FROM: Betty Kent  
ATTN: Ron Davey  
REGARDING: Excella Plotting Eff 11/11/91

PLEASE ADVISE IF COPY NOT CLEAR OR IF ANY PAGES ARE MISSING.

NUMBER OF PAGES: THIS PAGE PLUS          OTHER PAGESCOMMENTS: Package

Please bind effective 11-11-91 for  
your quote of \$3975. + @16A.  
I need to increase the BI to \$200,000  
at 25% Co.

Please advise revised premium and  
confirm bond with policy #.

Thanks...CCP 167312

Revised premium \$4161 +  
\$21 CICA.

Thank

RON DAVEY

21320 BUREAU BLVD., 3001 WOODLAND HILLS, CA 91367  
PHONE (818) 593-1111 • FAX (818) 593-1650  
MAILING ADDRESS, P.O. BOX 589, WOODLAND HILLS, CA 91365

NOV 13 1991

CONFIDENTIAL

From: Gray Str & Co  
Woodland Hills CA

To: **GOLDEN EAGLE INSURANCE CO.**

P.O. BOX 85826  
SAN DIEGO, CA 92186-5826  
(619) 463-5800

ATTN: RON DAVEY

ATTENTION Betty Kent

DATE: 10-23-91

NAMED INSURED Excella Plating Co

POLICY #

We will need the 90/91 carrier info  
on this ASAP.

8/24  
1/11

Thanks

PERSONAL PROPERTY = SAFECO

LIABILITY = ILLINOIS INS. EXCHANGE

10-25-91 MARIA E.

TORRES

RECEIVED  
OCT 28 1991  
GOLDEN EAGLE INS.

SIGNED

CONFIDENTIAL

## Gray-Stone & Company Insurance

P.O. Box 889  
Woodland Hills, CA 91365  
Telephone # 818-593-3333  
Fax 818-593-3650

TO: Golden Eagle DATE 10-16-91  
ATTENTION Ron Davey POLICY NO. New  
NAME OF INSURED Excella Plating  
LOCATION \_\_\_\_\_  
TYPE OF POLICY Package EFFECTIVE 11/11/91

- ☐ New Order
- ☐ Renewal
- ☐ Endorsement
- ☐ Cancel
- ☐ Bind
- ☐ Confirmation
- ☐ Certificate Needed
- ☐ Claim
- ☐ Memo

*Long letter from the insured is  
attached*

RECEIVED

OCT 17 1991

GOLDEN EAGLE INS.

# *Excello* PLATING CO., INC.

~~CONFIDENTIAL~~

4057 Goodwin Avenue Los Angeles, California 90039  
(213) 245-3626

10/14/91

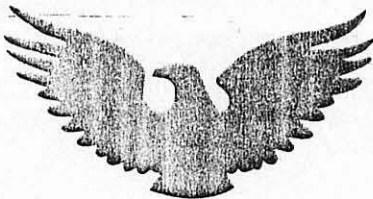
To Whom It May Concern:

Excello Plating Co. Inc.,  
has sustained no losses within the last 5 yrs.

For Excello Plating,

*J. Trudeau*  
Joyce Trudeau,  
Bookkeeper.

OCT 16 1991



CONFIDENTIAL

# GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800

Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826

FAX: (619) 460-8860

## FACSIMILE TRANSMITTAL

DATE: 11-23-94

NUMBER OF PAGES: 1 (INCLUDING COVER PAGE)

TO: FAX NUMBER 714-760-1180

FIRM NAME: R.E. LEE

ATTENTION: BUD LEE

FROM: PAMELA FAIRCHILD

RE: NOVEMBER RENEWALS

### MESSAGE:

I HAVE NOT RECEIVED AN ORDER TO RENEW  
ON THE FOLLOWING NOVEMBER ACCOUNTS; PLEASE ADVISE  
IF CLOSING LETTERS SHOULD BE SENT OUT OR IF  
ANY OF THESE ACCOUNTS WERE OVERLOOKED:

CNA ✓ CUP 239088 PHYCON INTL. DBA: SKINNER WOOD TURNING 11/11

✓ CUP 255542 EXCELLO PLATING CO. 11/11

✓ CUP 255651 SAV-ON PLATING 11/15

✓ CUP 256432 INTERNATIONAL POST SERVICES 11/16

✓ CUP 255972 SAN DIEGO SCENDIRITY 11/18

PLEASE CALL WITH ANY QUESTIONS.

THANK YOU,

Pamela Fairchild

PAMELA FAIRCHILD

NOV 23 1994

FAXED

NOV 23 1994

PER 12-2, BUD LEE  
WENT TO THOSE 3 ACCOUNTS  
WENT TO CNA - GROUP PLAN  
PAMELA FAIRCHILD  
- NOV 02 1994

# GOLDEN EAGLE INSURANCE COMPANY CONFIDENTIAL

☐ NEW BUSINESS QUOTATION  
(Valid for 30 days. Coverage is not bound.)

DATE: 10-19-94  
☒ RENEWAL QUOTATION  
(Valid until renewal expiration date.)

TO: R. G. LEE

POLICY NO.: CIP 255542

CITY/STATE: NEWPORT BEACH, CA.

FAX NO.: 714-760-1180

ATTN: BUD LEE

EXP. DATE: 11-11-94

RE: EXCELLO PLATING CO.

WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL UNLESS INDICATED.

AUTO-GARAGE*	CRIME	GENERAL LIABILITY*	INLAND MARINE	PROPERTY	ANNUAL PREMIUM
\$ _____	\$ _____	\$ <u>2094</u>	\$ _____	\$ <u>2085</u>	\$ <u>4179</u>
# OF AUTOS _____				COMM. _____	<u>159</u>

EXCESS LIABILITY POLICY* \$ _____ PER OCCURRENCE.	ANNUAL PREMIUM
(FOLLOW FORM) \$ _____ ANNUAL AGGREGATE.	\$ _____ COMM. _____

\*MAY BE SUBJECT TO AUDIT.

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR APPLICATION WITH THE FOLLOWING EXCEPTIONS:

**DEDUCTIBLES:**

- ☐ AUTO-GARAGE \_\_\_\_\_
- ☐ CRIME \_\_\_\_\_
- ☒ GEN. LIAB. \$500 BS/PA PER CLAIM
- ☐ INLAND MARINE \_\_\_\_\_
- ☐ PROPERTY \_\_\_\_\_

**COVERAGES:**

- ☐ AUTO-GARAGE \_\_\_\_\_
- ☐ CRIME \_\_\_\_\_
- ☒ GEN. LIAB. PRODUCERS + COMMISSIONERS ARE EXCLUDED
- ☐ INLAND MARINE \_\_\_\_\_
- ☒ PROPERTY PROTECTIVE SAGGUARDS FORM IL0415 WITH PG REPLACED WITH FORM GEP840 WHICH IS ANOTHER PROTECTIVE SAGGUARDS FORM.
- ☐ EXCESS LIABILITY \_\_\_\_\_

COMMENTS: QUOTE IS BASED ON APPLICATION SUBMITTED

ON 8-15-94.

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW..

SINCERELY,

*Ramona Fairchild*



ROGER WORKMAN

CONFIDENTIAL

SUMMARY  
RATER NAME/# SEP 30 1994

UCS QUOTE #

U/W NAME/# 056

EAGLERATE # R 255542-00

POLICY # CCP 255542-00

POLICY SUMMARY SHEET

COVERAGE	PREMIUM	MOD	MOD. PREM.	COMMENTS:
PROPERTY	<u>2986</u>	<u>.70</u>	<u>2,085.</u>	<i>rated per Rates on File</i>
LIABILITY	<u>2094</u>		<u>2,094.</u>	
INLAND MARINE				
CRIME				
AUTOMOBILE				
GARAGE				
TOTAL PREMIUM	<u>5080</u>		<u>4,179.</u>	

LYNN SCHAEFER

RATING INFORMATION:

*mod*  
OCT 19 1994

PACKAGE MOD: 2P 175

EXPERIENCE RATED:

AUTO

GL

PROPERTY

LOCATION # 1 BLDG # 1

PC 2 DIST          TERR 620 CONST 2 GRP II SYM B

CSP CODE 6850 RATE GRP/CLASS LIMIT 1/5

GENERAL LIABILITY

CLASS CODE: EXPOSURE: TERRITORY: OTHER GL COVERAGES:

52547 5) 600,000 003

INLAND MARINE

COVERAGE: LIMIT: RATE: PREMIUM:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

02/08/93

----- CP - BASIC INFORMATION [CP4000]-----

~~CONFIDENTIAL~~

Ins Name: EXCELLO PLATING COMPANY, INC. Status: QC Comm: .1500  
 State: CA Eff Date: 11/11/94 Exp Date: 11/11/95 Rate as of: 11/11/94

COVERAGES	PREMIUMS		MODIFICATION FACTORS		
			PROP	TE	GLASS
X Property:	1423	CA Pkg Mod: IP	.750	.750	.750
X Time Element:	662	AZ Pkg Mod:	1.000	1.000	1.000
Glass:	0	IRPM:	.700	.700	.700
Endorsements:	0	MLC:*	1.000		
TOTAL:	2085	Comm:	1.000	1.000	1.000
		UND MOD 1 :	1.000	1.000	1.000
		UND MOD 2 :	1.000	1.000	1.000
Deductible:	1				
Blanket/Reporting:*		Total CA RMF:	.525	.525	.525
Replacement Cost:* X		Total AZ RMF:	.700	.700	.700
Policy Options:*		Deviation :	1.000	1.000	1.000

-----  
 Enter the commission rate.

LYNN SCHAEFER

OCT 19 1994

**G DEN EAGLE INSURANCE COMPANY  
PREMIUM WORKSHEET**

**CONFIDENTIAL**

INSURED EXCULO PLATING

EFFECTIVE DATE: 11-11-94

NEW BUSINESS: \_\_\_\_\_ RENEWAL: X

POLICY NO. CL 255542

AGENT: R.G. LEE

AGENCY CURRENT LOSS RATIO: \_\_\_\_\_

POLICY LOSS RATIO: 0.7 CURRENT YEAR

Problem Line(S): \_\_\_\_\_

POLICY CUMULATIVE L/R: 0.2 YEARS 3

**ANNUAL PREMIUMS**

Last Year

Recommended This Year

PROPERTY 2,145. 2,090

GENERAL LIABILITY 2,102. 2,094.

INLAND MARINE \_\_\_\_\_

CRIME \_\_\_\_\_

AUTOMOBILE \_\_\_\_\_

TOTAL \$ 4,247. \$ 4,184.

**EXPOSURE CHANGES**

PROPERTY: (Only if excess of 10%) \_\_\_\_\_

GENERAL LIABILITY: \_\_\_\_\_

AUTOMOBILES: \_\_\_\_\_

Note: GL changes in payroll or receipts. Auto total number of vehicles.

**CREDITS**

	PROP	GL	AL	APHYD	GAR	IM	CRIME	OTHER
PACKAGE	<u>.75</u>	<u>.75</u>						
EXPERIENCE		<u>NG</u>						
SCHEDULE	<u>.70</u>	<u>NG</u>						
DEVIATION								
COMM. REDUCTION								
FINAL RMF	<u>.525</u>	<u>.75</u>						

COMMENTS: ELECTROPLATING

SALES \$600,000 - GL DED \$500 B/LPS PER CLAIM

TIU'S \$766,000 - PROP DED 1,000.

**SUZANNE CAUDLE**

UNDERWRITER: DEL A FAIRCHILD

**OCT 19 1994**

UNIT LEADER APPROVAL: S.D.B.

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF  
8 0 1994

POLICY: CCP-255542-00

EFF DATE: 11-11-93 FORM: CMP

INSURED: EXCELLO PLATING COMPANY, INC.

EXP DATE: 11-11-94 CLASS: 3399

POLICY DATE: 08-94

CLAIM DATE: 08-94

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,247.00
UNEARNED PREMIUM	884.80
EARNED PREMIUM	3,362.20
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u>	
<u>EARNED PREMIUM</u>	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

OPEN SUFFIXES	TOTAL TO DATE 0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
R.E. LEE INTERMEDIARIES  
23 CORPORATE PLAZA #125  
NEWPORT BEACH CA 92660  
(714) 760-1122

GL DED  
FLOUIS TO Q210

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF

POLICY: CCP-167312-01  
INSURED: EXCELLO PLATING COMPANYEFF DATE: 11-11-92 FORM: CMP  
EXP DATE: 11-11-93 CLASS: 3471

POLICY DATE: 08-94

CLAIM DATE: 08-94

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u>	
<u>EARNED PREMIUM</u>	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333

UW LOSS EXPERIENCE AS OF 08/19/94 AT 2:38:08 PM BY LSF

POLICY: CCP-167312-00  
INSURED: EXCELLO PLATING COMPANY

EFF DATE: 11-19-91 FORM: CMP  
EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 08-94

CLAIM DATE: 08-94

EXECUTIVE SUMMARY

POLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u>	
<u>EARNED PREMIUM</u>	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333



CONFIDENTIAL

DO NOT REMOVE

FILE NO.: \_\_\_\_\_

RATER DATE: \_\_\_\_\_

QUOTE BY: \_\_\_\_\_

NAMED INSURED: EXCELLO PLATING

POLICY NO.: CP 255542

NEW BUSINESS: \_\_\_\_\_

EFFECTIVE DATE: 11-11-94

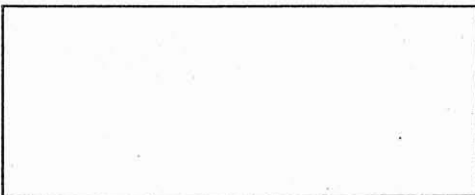
RENEWAL: X

QUOTE: X

ISSUE: \_\_\_\_\_

UNIT LEADER: \_\_\_\_\_

SALES: \_\_\_\_\_



GRADE/CLASS

DATE QUOTE INITIALS

DATE ISSUE INITIALS

TO NEW BUSINESS IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO UNDERWRITER IN: \_\_\_\_\_

IN: \_\_\_\_\_

RECEIVED IN OUT: SEP 19 1994

OUT: \_\_\_\_\_

TO RATING SEP 20 1994 IN: 9/28

IN: \_\_\_\_\_

RATER/RATER NO. RATING ROGER WORKMAN

OUT: SEP 30 1994

OUT: \_\_\_\_\_

TOTAL POLICY PREM: \$ 5080

\$ \_\_\_\_\_

Q/C-IN

Q/C-OUT

TO DATA ENTRY: IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO POLICY TYPING: IN: \_\_\_\_\_

TYPIST-OUT

COLLATOR-OUT

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_

# GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST

POLICY NUMBER: LD 255542 EFFECTIVE DATE: 11-11-94 EXPIRATION: 11-11-95

RENEWAL QUOTE: X

RENEWAL ISSUE:      RENEWAL CERT.?      RENEWAL POLICY?     

ENDORSEMENT:     

NAMED INSURED: EXCELLO PLATING

ADDRESS:     

PRODUCER: R. G. LEE INTER. CODE #: 2858

UNDERWRITER: SV

CROSS REFERENCE:     

COMM.: 157

	YES	NO
TREATY EXCLUSION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REFERRAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FACULTATIVE REINS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* CESSION STATEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ICC/PUC FILING STATEMENT OF VALUES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPECIAL APPLICATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LAYOFF RE-INS SHEET	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY:
PROP <u>7</u>	LOSS CONTROL SURVEY*	<u>    </u>	EXPERIENCE RATING	LINE OF BUSINESS:	
3L <u>B</u>	D&B REPORT*	<u>    </u>	LINES OF BIZ APPLICABLE:	<u>G.L.</u>	<u>WAIVED</u>
PROD <u>B</u>	CURRENT LOSS RUNS	<u>IN GUS</u>	LIABILITY		
AUTO <u>    </u>	MVR'S*	<u>NA</u>	PHY. AUTO: DAM. <u>    </u> LIAB. <u>    </u>		
CRIME <u>    </u>	SPRKLER REPORT*	<u>    </u>	SCHEDULE RATING	TEST AUDIT?	<u>    </u>
	OTHER	<u>    </u>	PER FORM(S) ATTACHED		
	*INDICATE IF WAIVED	<u>    </u>	OTHER		

COMMENTS: PLEASE QUOTE RENEWAL PER THE ATTACHED APPLICATION

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER PAMELA FAIRCHILD <u>SV</u> SEP 19 1994	APPROVED <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	RATER ROGER WORKMAN SEP 30 1994	TYPIST <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
---	---	---------------------------------------	---	---

**DO NOT REMOVE**

**CONFIDENTIAL**  
**CONFIDENTIAL**

FILE NO.: \_\_\_\_\_

RATER DATE: \_\_\_\_\_

QUOTE BY: \_\_\_\_\_

NAMED INSURED: EXCELLO PLATING

POLICY NO.: CO 255542

NEW BUSINESS: \_\_\_\_\_

EFFECTIVE DATE: 11-11-94

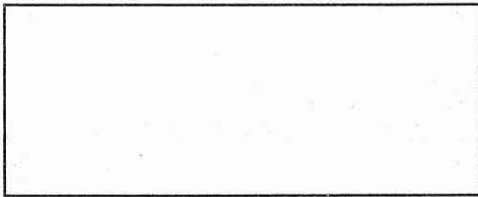
RENEWAL: X

QUOTE: X

ISSUE: \_\_\_\_\_

UNIT LEADER: \_\_\_\_\_

SALES: \_\_\_\_\_



GRADE/CLASS

DATE QUOTE

INITIALS

DATE ISSUE

INITIALS

TO NEW BUSINESS IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO UNDERWRITER IN: \_\_\_\_\_

IN: \_\_\_\_\_

RECEIVED IN OUT: SEP 19 1994

OUT: \_\_\_\_\_

TO RATING SEP 20 1994 IN: 9/28

IN: \_\_\_\_\_

RATER/RATER NO. RATING ROGER WORKMAN

OUT: SEP 30 1994

OUT: \_\_\_\_\_

TOTAL POLICY PREM: \$ 5080

\$ \_\_\_\_\_

Q/C-IN

Q/C-OUT

TO DATA ENTRY: IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO POLICY TYPING: IN: \_\_\_\_\_

TYPIST-OUT

COLLATOR-OUT

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_

**CONFIDENTIAL**  
*R.E. Lee Intermediaries*

EXCESS & SURPLUS LINES OF INSURANCE/ PROGRAM & RISK MANAGEMENT

CCP 167312-01  
EXP 11-11-94  
CCP 255542  
Active  
EXP 11-11-94  
wi Bml  
wi B. E. Lee

August 15, 1994

RECEIVED  
AUG 19 1994  
GOLDEN EAGLE INS.

Mr. John Dunne  
Golden Eagle Insurance Company  
P.O. Box 85826  
San Diego, CA 92186-5826

RE: Excello Plating Co., Inc.

Eff: 11/11/94

CCP 255542

Dear John,

Please quote the above captioned account per our application attached. We will need quote by 10/25/94.

Thank you.

Cordially,

*Bml*

R.E. Lee, MS, CPCU, CLU, ChFC

REL/kw  
Enclosure

1994 AUG 19 PM 1:12



23 Corporate Plaza, Suite 125  
Newport Beach, CA 92660  
Phone: (714) 760-1122 • Fax (714) 760-1180

Lloyd's London, Correspondents

**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

DATE (MM/DD/YY)  
08-11-1994

R. E. LEE INTERMEDIARIES  
23 Corporate Plaza  
Suite 125  
Newport Beach, CA 92660

CARRIER

UNDERWRITER

POLICIES OR PROGRAM REQUESTED

Commercial Package Policy

PLEASE INDICATE THE SECTIONS ATTACHED

<input checked="" type="checkbox"/> PROPERTY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	UMBRELLA
<input type="checkbox"/> GLASS & SIGN	<input type="checkbox"/> BUSINESS AUTO	BOILER & MACHINERY
<input type="checkbox"/> ACCTS. REC./VAL. PAPERS	<input type="checkbox"/> GARAGE	MISCELLANEOUS CRIME
<input type="checkbox"/> CRIME	<input type="checkbox"/> TRUCKERS	
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> WORKERS COMP.	

**SUBMISSION**

**PACKAGE POLICY INFORMATION**

ISSUE POLICY

(Give Date and/or Attach Copy)

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES.

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

11/11/94

11/11/95

☒ AGENCY BILL  
☐ DIRECT BILL

8-Pay

**INFORMATION**

Insured & other Named Insureds)

EXCELLO PLATING COMPANY, INC.

SS (of first Named Insured)

4057 GOODWIN AVENUE  
LOS ANGELES

CA 90039

☒ CORPORATION

OTHER (DESCRIBE)

YRS. IN BUSINESS

☐ JOINT VENTURE

46

CONTACT/PHONE)

ACCOUNTING RECORDS (CONTACT/PHONE)

213-245-3626

JOYCE

213-245-3626

**INFORMATION**

TY, COUNTY, STATE, ZIP CODE

INTEREST

YR. BUILT

PART OCCUPIED

GOODWIN AVENUE

LOS ANGELES

CA 90032

TENANT

1960

100

**BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

COPPER AND NICKEL PLATING OF ASHTRAYS, PARTS FOR CAN OPENERS, CABINET  
DOORS, BATHROOM FIXTURES, OVERHEAD COMPARTMENT HANDLES--100%  
PRODUCTION. PRODUCTS IS WRITTEN THRU AMERICAN EAGLE INS. COMPANY \*\*

**INFORMATION**

ALL "YES" RESPONSES

Yes

No

#

EXPLAIN ALL "YES" RESPONSES

Yes

No

Is applicant a subsidiary of another entity or does

☒

4 Any catastrophe exposure?

☒

Does applicant have any subsidiaries?

5 Any other insurance with this company or being submitted?

☒

Is a safety program in operation?

☒

6 Any policy or coverage declined, cancelled or

Exposure to flammables, explosives, chemicals?

☒

non-renewed during the prior 3 years?

☒

OF DECLARATION ATTACHED.

**LICABLE IN NEW YORK STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or  
omits for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

PRODUCER'S  
SIGNATURE

SS (7/88)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1988



# PRIOR CARRIER INFORMATION

LINE	CATEGORY	YR: 87-88	YR: 88-89	YR: 89-90	YR: 90-94	YR:
GENERAL COMMERCIAL LIABILITY	CARRIER	ST PAUL	FIRST CALIF	AMER STAR	GOLDEN EAGL	
	POLICY NO.				CCP167312	
	POLICY TYPE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input type="checkbox"/> OCCURRENCE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input type="checkbox"/> OCCURRENCE
	RETRO DATE					
	GENERAL AGGREGATE LIMIT	1,000,000	1,000,000	1,000,000	1,000,000	
	PRODUCTS AGGREGATE LIMIT					
	BUSINESS OCCURRENCE PD					
	MOD. FACTOR					
	TOTAL PREM.				4,247.00	
AUTOMOBILITY	CARRIER					
	POLICY NO.					
	POLICY TYPE					
	BI/CSL					
	PD					
	MOD. FACTOR					
TOTAL PREM.						
PROPERTY	CARRIER				GOLDEN EAGL	
	POLICY NO.				CCP167312	
	POLICY TYPE				ALL RISK	
	AMOUNT					
	MOD. FACTOR					
	TOTAL PREM.				INCL.	
	CARRIER					
	POLICY NO.					
	POLICY TYPE					
	LIMIT					
	MOD FACTOR					
	TOTAL PREM.					

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

☒ CHECK HERE IF NONE

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED

COMMENTS

NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED LOSS SUMMARY



## PRODUCER

Eichberg Associates, Inc.  
17750 Sherman Way - Suite #200  
Reseda, CA 91335-3390  
(818) 996-9444 FAX 881-9535

## APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
11/11/94	11/11/95	AGENCY X DIRECT		

FOR COMPANY USE ONLY

## PREMISES INFORMATION

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
P R E M I S E N O.	BUS. PERS. PROP	566,000	90	RC	SPECIAL		1,000	
1	BUSINESS INCOME	200,000			SPECIAL			1/4 MO. LIMITAT
B L D G N O.								
1								

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BLOCK	2	1	0	1960	7,000	
BUILDING IMPROVEMENTS	PLUMBING, YR:					
WIRING, YR:	HEATING, YR:					
ROOFING, YR:	OTHER					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE AND DISTANCE	REAR EXPOSURE & DISTANCE				
INDUSTRIAL	INDUSTRIAL					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
LOCAL GONG					WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN	CLOCK HOURLY		
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
					LOCAL GONG	

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
P R E M I S E N O.								
B L D G N O.								

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BUILDING IMPROVEMENTS	PLUMBING, YR:					
WIRING, YR:	HEATING, YR:					
ROOFING, YR:	OTHER					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE AND DISTANCE	REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
					WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN	CLOCK HOURLY		
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
					LOCAL GONG	

SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

# PREMISES INFORMATION

P R E M I S E N O.	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
B L D G N O.								

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## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BUILDING IMPROVEMENTS	PLUMBING, YR:					
WIRING, YR:	HEATING, YR:					
ROOFING, YR:	OTHER					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE AND DISTANCE	REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY				
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> , Halon Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG				

## VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR THE PAST 12 MONTHS

SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION REQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED PREMISE LIMIT	AGGREGATE
OTHER							

## ADDITIONAL INTERESTS

P R E M I S E N O.	NAME & ADDRESS	P R E M I S E N O.	NAME & ADDRESS
B L D G N O.		B L D G N O.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
P R E M I S E N O.	NAME & ADDRESS	P R E M I S E N O.	NAME & ADDRESS
B L D G N O.		B L D G N O.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED

## REMARKS

(Include Information On Participating Carriers)

## PRODUCER

Eichberg Associates, Inc.  
17750 Sherman Way - Suite #200  
Reseda, CA 91335-3390  
(818) 996-9444 FAX 881-9535

## APPLICANT (First Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

11/11/94

11/11/95

AGENCY

X DIRECT

FOR COMPANY USE ONLY

## COVERAGES

## LIMITS

## COMMERCIAL GENERAL LIABILITY

## GENERAL AGGREGATE

\$ 1,000,000

## PREMIUMS

CLAIMS MADE

X

OCCURRENCE

## PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE

\$ EXCLUDE

## PREMISES/OPERATIONS

OWNER'S &amp; CONTRACTORS PROTECTIVE

## PERSONAL &amp; ADVERTISING INJURY

\$ 1,000,000

## EACH OCCURRENCE

\$ 1,000,000

## DEDUCTIBLES

## FIRE DAMAGE (ANY ONE FIRE)

\$ 50,000

## PRODUCTS

PROPERTY DAMAGE

\$

## MEDICAL EXPENSE (ANY ONE PERSON)

\$ 5,000

## OTHER

OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS

## TOTAL

## SCHEDULE OF HAZARDS

LOC	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER		(s) per \$1,000 (p) per \$1,000/day (a) per 1,000 sq. ft. (c) per \$1,000/cost (t) per unit			
1	ELECTROPLATING	52547	600,000	S				

## CLAIMS MADE (Explain All "Yes" Responses)

- 1 PROPOSED RETROACTIVE DATE:
- 2 ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
- 3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED, OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO
- 4 WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

## COMMENTS

## TRANSITION

1	HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION?			YES	NO
2	IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED: AND:				
LOC	NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE	APPLICABLE COVERAGE	
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS



# CONTRACTORS

#	EXPLAIN ALL "YES" RESPONSES (For Any Past Or Present Operations)	YES	NO	FULL TIME STAFF:	PART TIME STAFF:
				DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED:	
1	DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?				
2	DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				
3	DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				
4	DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				
5	ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?				
6	DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS				

REMARKS

## PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1	DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			6	PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2	FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7	PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3	RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8	PRODUCTS UNDER LABEL OF OTHERS?		
4	GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			9	VENDORS COVERAGE REQUIRED?		
5	PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10	DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

#	NAME & ADDRESS (INCLUDE LOAN NUMBER FOR MORTGAGEES)	INTEREST	CERT.
1	<div> <div> SPIRITO FAMILY TRUST 829 NORUMBEGA DRIVE MONROVIA CA </div> <div> 91616 ATTN: ALICE CALNO </div> </div>	LANDLORD	X

## GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?		X	7	ANY PARKING FACILITIES OWNED/RENTED?		X
2	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X	8	IS A FEE CHARGED FOR PARKING?		X
3	DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)		X	9	RECREATION FACILITIES PROVIDED?		X
4	ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X	10	IS THERE A SWIMMING POOL ON THE PREMISES?		X
5	MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X	11	SPORTING OR SOCIAL EVENTS SPONSORED?		X
6	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X	12	ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		X
				13	ANY DEMOLITION EXPOSURE CONTEMPLATED?		X

REMARKS



## GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800

Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826

FAX: (619) 460-8860

CONFIDENTIAL

September 7, 1994

Excello Plating Company, Inc.  
4057 Goodwin Avenue  
Los Angeles, CA 90039

Re: Policy Number(s): CCP 25-55-42-00  
Expiration Date: November 11, 1994

Dear Policyholder:

You're a valued customer. We've appreciated the chance to serve you, and we hope you'll continue to count on Golden Eagle to meet your insurance needs.

Your policy will expire soon. Your agent will contact you shortly with our proposal to renew your coverage.

It is possible that the terms of renewal will differ from the policy now in effect. We may propose a reduction in limits, elimination of coverages, increase in deductibles or increase in the rate upon which the premium is based in excess of 25 percent.

In accordance with California Insurance Code Section 678.1, it is our practice before renewal to notify policyholders of possible changes in premium or coverage to assist their planning.

We want your business, and we will work hard to offer you a fair and competitive renewal quotation.

If you have any questions, please contact your agent indicated below.

Sincerely,

GOLDEN EAGLE INSURANCE COMPANY

Pamela Fairchild  
Property/Casualty Underwriting Department



cc: R.E. Lee Intermediaries  
23 Corporate Plaza, Suite 125  
Newport Beach, CA 92660

# LOSS CONTROL SURVEY REQUEST

## GOLDEN EAGLE INSURANCE COMPANY

P.O. BOX 85826, San Diego, CA 92186-5826 • (619) 287-6773

12-20-93  
☐ PROSPECTIVE  
☒ RENEWAL  
☐ NEW RISK  
☐

DATE REQUIRED 12/93		DATE ASSIGNED		ASSIGNED TO Linda		WORKERS COMPENSATION																					
ACCOUNT NAME Excello Plating						X MOD SF-Kd																					
BUSINESS ADDRESS 4057 Goodwin Ave Los Angeles Ca						CODE(S) Cnbo / 12-20-93																					
POLICY NO. 00255542		POLICY NO.		POLICY NO.		OPERATIONS Chrome ; Nickel Plating																					
EXPIRATION 11/1/94		PREM / /		AMT. / /		ZIP CODE 90013																					
LOCATION TO BE SURVEYED 1) as above						CONTACT PERSON AT RISK Joyce																					
2)						PHONE NO. 213-245-3626																					
PRODUCER'S NAME R. E. Lee Intermediaries						CONTACT PERSON Bud Lee																					
PHONE NO. 714-760-1122						W.C. SURVEY TOPICS*																					
<table border="1"> <tr> <th>PRODUCT LINE REQUEST</th> <th>COMM. PKGS.</th> <th>INLAND INV.</th> <th>GEN. LIAB.</th> <th>BURGL.</th> <th>GLASS</th> <th>FIDELITY</th> <th>FIRE &amp; ALLIED</th> <th>COMM. AUTO</th> <th>W.C.</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						PRODUCT LINE REQUEST	COMM. PKGS.	INLAND INV.	GEN. LIAB.	BURGL.	GLASS	FIDELITY	FIRE & ALLIED	COMM. AUTO	W.C.											<input type="checkbox"/> CRITICAL FEW PROBLEMS—TOP 3 CONCERNS <input type="checkbox"/> MANAGEMENT SAFETY INVOLVEMENT <input type="checkbox"/> RISK IMPROVEMENT RECOMMENDATION <input type="checkbox"/> SERVICE PLAN <input type="checkbox"/> OPERATIONS AND PROCESSES <input type="checkbox"/> JOB SITE SURVEY <input type="checkbox"/> KEY CONTACT <input type="checkbox"/> EMPLOYEE HIRING AND SELECTION <input type="checkbox"/> SAFETY PROGRAM <input type="checkbox"/> LOSS HISTORY ANALYSIS <input type="checkbox"/> CLAIMS HANDLING PROCEDURE <input type="checkbox"/> SPECIAL HAZARDS/ENVIRONMENTAL <input type="checkbox"/> FACILITIES AND/OR YARDS <input type="checkbox"/> ERGONOMIC EVALUATION <input type="checkbox"/> MATERIAL HANDLING EVALUATION <input type="checkbox"/> PHOTO ANALYSIS <input type="checkbox"/> VEHICLE/TIRE EXPOSURE <input type="checkbox"/> FULL SURVEY <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> HOUSEKEEPING <input type="checkbox"/> CUMULATIVE TRAUMA POTENTIAL <input type="checkbox"/> LOSS CONTROL COMMENTS	
PRODUCT LINE REQUEST	COMM. PKGS.	INLAND INV.	GEN. LIAB.	BURGL.	GLASS	FIDELITY	FIRE & ALLIED	COMM. AUTO	W.C.																		
LIMITS OF LIABILITY % COINS & DEDUCTIBLES PER BLDG.						<input type="checkbox"/> RCN <input type="checkbox"/> OR <input type="checkbox"/> MCV																					
Pers Prop		LIMITS OF LIABILITY		COINS.		LIMITS OF LIABILITY																					
SECTION		566,000		90%																							
BUS INE B		200,000																									
C/D																											
SECTION PI/BI		1,000,000		AG																							
II																											
PD		1,000,000		000																							
INDICATE: <input checked="" type="checkbox"/> COVERAGES PROVIDED <input type="checkbox"/> SURVEYS REQUESTED (ATTACH PERTINENT INFORMATION: PRIOR REPORTS, APPLICATION, ETC.)																											
COVERAGES AND		<input type="checkbox"/> Building <input checked="" type="checkbox"/> Contents <input checked="" type="checkbox"/> Time Element <input type="checkbox"/> Flood		<input checked="" type="checkbox"/> Crime (Specify) Cts Speed Limit Theft <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Contractors Equip.		<input type="checkbox"/> M&C Payroll \$ <input type="checkbox"/> Products Sales \$ Excluded <input type="checkbox"/> Completed Operations Receipts \$ <input type="checkbox"/> Contractual <input type="checkbox"/> Envir. Impairment																					
RI		 AIRCRAFT		 INDUSTRIAL		<input type="checkbox"/> WC <input type="checkbox"/> Auto Liability No. Units <input type="checkbox"/> Auto PD No. Units <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other (Specify)																					
RE		EXCELLO PLATING INC. CLOYD M. COOK, GENERAL MANAGER 4057 GOODWIN AVE., LOS ANGELES, CALIF., 90039 PHONE (213) 245-3626 FAX (818) 545-0856 ANODIZING • INSPECTION • PAINTING • PLATING																									
COMM		Loss Investigation at Program gram gram ore Program																									
		<input type="checkbox"/> Grocery Store Program <input type="checkbox"/> Coin Op Laundry Program <input type="checkbox"/> Dry Cleaners/Serv. Laundry <input type="checkbox"/> Auto Dealers																									
		LOSS CONTROL NOV 15 1993																									
UNDERWRITER'S NAME (Please Print) Pete Torres				PHONE NO. 1530		INITIALS JF																					
						DATE OF REQUEST 11-12-93																					





## GOLDEN EAGLE INSURANCE COMPANY

4346 54th Street • San Diego, California 92115-5335 • (619) 287-6773  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 286-4550

CONFIDENTIAL

PETE TORRES  
JAN 4 1994

January 3, 1994

Excello Plating  
Attn: Cloyd M. Cook  
4057 Goodwin Avenue  
Los Angeles, CA 90039

Location Surveyed: Same as above  
Date of Survey: December 6, 1993  
Policy No: CCP 25 55 42  
Agency: R.E. Lee Intermediaries

Dear Mr. Cook:

Thank you and Joyce for taking time from your busy schedules to meet with me on December 6, 1993. The cooperation and assistance extended is very much appreciated.

I am submitting the following recommendation for your review and action.

**RECOMMENDATION:**

93-1 Flammable liquids should be stored in UL listed or FM Flammable liquids cabinet.

Refer to enclosed data sheet.

I would appreciate your response within sixty (60) days indicating what actions have been taken or are planned concerning this recommendation, including expected completion dates.

If I can be of any assistance to you or your staff, please feel free to give me a call. Please send your response to:

Excello Plating  
Page 2

CONFIDENTIAL

Golden Eagle Insurance Company  
P.O. Box 85826  
San Diego, CA 92186-5826  
Attention: Ellie Joyce  
287-6773 ext. 2114

Sincerely,

Linda Lee/t.l.

Linda Lee C.S.P., A.R.M.  
Senior Loss Control Representative

LL/tl

cc: R.E. Lee Intermediaires  
Underwriter - Pete Torres

**PLEASE READ CAREFULLY**

Due to your application for insurance this Company has undertaken a survey of your premises, equipment, operations (whichever is pertinent to the type of insurance applied for). It must be understood that our observations are for the exclusive purpose of making an underwriting determination. The recommendations enumerated above whether furnished gratuitously or pursuant to policy provisions, do not constitute a safety inspection and in no way supplant your duty to provide a safe place of employment. Our limited visit or visits do not purport to be as thorough as day-to-day observations of your supervisory and executive employees or the safety inspection provided by a safety engineering service. The Company and its employees assume no authority to implement its recommendations which are shared with you.

SURVEY COVER  
(Attach to each survey.)  
(For Internal Use Only)

# GOLDEN EAGLE INSURANCE COMPANY

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INSURED <b>Exello Plating</b>		CONTACTS AND TITLES <b>Cloyd M. Cook, GM</b>	
LOCATION SURVEYED <b>4057 Goodwin AVE, LA, CA 90039</b>		PHONE # <b>213 245-3626</b>	
DATE OF SURVEY <b>DEC 06 1993</b>	SURVEYED BY <b>LINDA LEE</b>	OFFICE <b>SAN DIEGO</b>	
POLICY NUMBER(S) <b>CCP 25 55 42</b>		EXP. DATE(S) <b>11-11-94</b>	PRODUCT LINE(S) <b>package</b>
PRODUCER <b>R. E. LEE Intermediaries</b>		UNDERWRITER/OFFICE <b>Pete Torres</b>	

## IF CIRCLE IS CHECKED—AN EXPLANATION IS NECESSARY

### A. GENERAL

#### 1. BUSINESS INFORMATION

##### a. Ownership

Corporation ☒  
Partnership ☐  
Individual ☐  
Association ☐  
Other ☐

##### b. Involvement in Premises

Owns ☐  
Rents ☐  
Leases ☒  
Other ☐

##### c. History and Organization

Years in Business **39**  
Years at Location **39**  
Years Present Management **39**  
Expansion/Reduction Yes ☐ No ☒

##### d. Activity

**8** | **5** | **52**  
Hours Days Weeks  
Vacant or Unoccupied Areas? Yes ☐ No ☒

#### 2. BUILDING INFORMATION (COMPLETE FOR ALL COVERAGES EXCEPT W.C., AUTO. LIAB., PRODUCTS AND COMPLETED OPERATIONS)

##### a. Building

##### b. Construction

##### c. Number of stories

##### d. Floor Area

##### e. Age

**Concrete Tilt-up**

**1**

**14014 36**

PETE TORRES  
JAN 4 1994

#### 3. RATING FACTORS

##### a. Gross Sales

**850,000/yr**

##### b. Payroll

**400,000/yr**

#### 4. DESCRIPTION OF OPERATIONS

**Non-union. Plating & Anodizing of Aircraft parts including small fittings, fasteners & ASSEMBLIES, BODY & VALVES.**

**Anodizing, chem-film, cadmium plating, CHROME & NICKEL PLATING. NO PRECISION precious metals**

**Turn Element - Bldg & equipment are easily replaced within 2-3 months. However new permits may require up to 6 months.**

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5. RECOMMENDATIONS ☒ Yes ☐ No If yes, please proceed to a. & b.

a. Management Attitude ☒ Positive ☐ Negative ☐ Other

b. Classification A= 93-1 C=

6. SCHEDULED ADDITIONAL SERVICE ☐ Yes ☒ No (IF YES, COMPLETE THE FOLLOWING)

Frequency \_\_\_\_\_ Type \_\_\_\_\_

Coverage \_\_\_\_\_ Estimated Cost \_\_\_\_\_

7. COMMENTS

Process inventory incld includes caustics, flammables, corrosives, brighteners, nichel, etc. Storage is satisfactory except for red label - see rec.

B(i) Incidental spray finishing in spray booth properly MAINTAINED FILTERS & Housekeeping. See rec for UL listed flam. liq. cabinet. (4) 5gal 10-11 gal

B(g) Visitor Controls satisfactory - check in & escort.

② NORRIS plus HAZARDOUS WASTES - rec permitted site plan, tracing & inventory is current & satisfactory. Above average housekeeping.

③ MAINTENANCE & arrangement of equipment

④ Steel tanks labeled, diked. all gas fired/heated equipment is started in morning and shut off at end of shift.

Propane forklift w/ certified operators.

93-1 Flammable liquids should be stored in UL listed or FM Flammable liquids cabinet.

Refer to enclosed data sheet.

**PACKAGE REPORT**  
(For Internal Use Only)

**GOLDEN EAGLE INSURANCE COMPANY**

This report is the property of Golden Eagle and is for use only in conjunction with the sale of Golden Eagle products. Any other use or distribution is prohibited.

INSURED

*Excello Plating*

POLICY #

*CCP 25 55 42*

LOCATION SURVEYED

*4057 Goodwin Ave LA, CA*

DATE

*DEC 06 1993*

IF CIRCLE IS CHECKED — AN EXPLANATION IS NECESSARY

**B. OPERATIONAL DATA**

**1. OPERATIONS**

- |  |                                     |                          |                                |                                     |                                     |
|--|-------------------------------------|--------------------------|--------------------------------|-------------------------------------|-------------------------------------|
|  | No                                  | Yes                      |                                | No                                  | Yes                                 |
| a. Rental Operations for Meetings, Clubs, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | g. Visitor Control/Supervision | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. Equipment/Machinery Rental Operations       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | h. Welding or Cutting          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Athletic Events/Teams Sponsored             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | i. Spray finishing             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. Off Premises Activities                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | j. Commercial Cooking          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Independent Contractors                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | k. EDP                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f. Hold Harmless Agreements                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | l. Other                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**2. HAZARDOUS SUBSTANCES AND WASTES**

- |                              |   |  |                                 |                                     |                          |                                     |
|------------------------------|---|--|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| a. Explosives/Flammables     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | d. Asbestos                     | N/A                                 | Yes                      | No                                  |
| b. Above/Underground Tanks   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | In Products/Services            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                              | Type                                    | Number                                 | Content                         | Volume                              | Date Last Leak Tested    |                                     |
|                              |   |  |                                 |                                     |                          |                                     |
|                              |   |  |                                 |                                     |                          |                                     |
|                              |   |  |                                 |                                     |                          |                                     |
| c. Hazardous Waste Generator | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Bulding Constructed Prior 1975  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <i>NORRIS P/W SERVICE</i>    |   |  | Asbestos in Building Materials  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                              |   |  | Action for Abatement            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                              |   |  | e. Hazardous Materials Exposure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                              |   |  | Inventory                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                              |   |  | Site/Facility Layout            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                              |   |  | Procedures/Training             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**3. BUILDING AND PREMISES**

- |   |   |  |                          |                                     |                                     |  |                          |
|---|---|--|--------------------------|-------------------------------------|-------------------------------------|--|--------------------------|
|   | N/A                                     | Sat.                                   | Unsat.                   |                                     | N/A                                 | Sat.                                   | Unsat.                   |
| a. Suitability for Occupancy              |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | j. Emergency Lighting               |                                     | <input checked="" type="checkbox"/>    | <input type="checkbox"/> |
| Bulding Constructed for Present Occupancy | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |                          | Emergency Lighting Present          | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |                          |
| b. Heating Systems                        | <input checked="" type="checkbox"/>     | <input type="checkbox"/>               | <input type="checkbox"/> | k. Interior Finish/Insulation       | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/> |
| Date Last Renovated/Surveyed              |   |  |                          | l. Stairs/Steps/Walking Surfaces    | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| c. Air Conditioning Systems               | <input checked="" type="checkbox"/>     | <input type="checkbox"/>               | <input type="checkbox"/> | m. Escalators (No. of Landings)     | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| Date Last Renovated/Surveyed              |   |  |                          | n. Elevators, Dumbwaiters, Manlifts | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| d. Electrical System                      |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> |                                     | Number                              | Number                                 | Number                   |
| Date Last Renovated/Surveyed              |   |  |                          | o. Parking Lots (Area)              |                                     | <i>4368</i>                            |                          |
| e. Plumbing/Drainage/Water Damage         | <input type="checkbox"/>                | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | p. Swimming Pools                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| Date Last Renovated/Surveyed              |   | <i>1986</i>                            |                          | q. Playgrounds/Gymnasiums/Bleachers | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| f. Roof Cover and Condition               |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | r. Machinery/Equipment              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/> |
| g. Exit Design and Capacity               |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | s. Control of Vacant Areas          | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| Exit Capacity Calculated                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |                          | t. Other                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
| h. Exit Marking                           |   | <input type="checkbox"/>               | <input type="checkbox"/> |                                     |                                     |  |                          |
| EXIT signs present                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |                          |                                     |                                     |  |                          |
| i. Fire and Smoke Control                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/>               | <input type="checkbox"/> |                                     |                                     |  |                          |
| Vertical Openings Enclosed                | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |                          |                                     |                                     |  |                          |

**4. OCCUPANCY AND PROTECTION**

- |  |                                     |                                     |                                     |                                      |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | N/A                                 | Yes                                 | No                                  |                                      | N/A                                 | Sat.                                | Unsat.                   |
| a. Special Hazards                                     |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | f. Fire Extinguishers                |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Special Hazard Controls Adequate                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | g. Fire Department Access at Risk    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. Fire Detection/Alarm Systems                        |                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | h. Equipment Adequacy and Condition  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| d. Sprinklers/Standpipes/Special Extinguishing Systems |                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | i. Storage Conditions                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| e. Public/Private Protection Adequate                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | j. Desirability of Other Occupancies | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



~~CONFIDENTIAL~~

**C. EXPOSURES**

1. Exposures/Location/Distance

Front \_\_\_\_\_ Ft. To Goodwin Ave  
Rear \_\_\_\_\_ Ft. To RALPHS LOT

Side 200+ Ft. To (E) PARKING LOT  
Side 150 Ft. To (W) PARKING LOT

2. Brush or other conflagration exposure ☐ Yes ☒ No

**D. CRIME COVERAGES** (Complete only if Coverage is indicated on the Request.)

- |  |  |  |
|--|--|--|
| 1. Burglar Alarm <u>None</u>                         | N/A <input type="checkbox"/> Sat. <input type="checkbox"/> Unsat. <input type="checkbox"/> | 4. Additional Protection <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <input type="checkbox"/> Local Audible               |  | 5. Target Conditions <input type="radio"/> Yes <input checked="" type="radio"/> No     |
| <input type="checkbox"/> Remote/Central Station      |  | 6. Messenger Used <input type="radio"/> Yes <input checked="" type="radio"/> No        |
| <input type="checkbox"/> Guard or Security Service   |  | 7. Safe/Vault <input type="radio"/> Yes <input checked="" type="radio"/> No            |
| 2. Physical Protection <input type="checkbox"/>      | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      |  |
| 3. Cash Register <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                 |  |

**E. PRODUCTS LIABILITY/COMPLETED OPERATIONS** (If coverage provided, complete the following)

1. Current Product/Complete Operations (Items d., e. and f. Apply to Products Liability Only)

a. Products/Completed Operations	b. Annual Sales	c. Percent of Total Sales	d. Quantity Per Year	e. Time on the Market	f. Life Expectancy
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____
_____	\$ _____	_____ %	_____	_____	_____

	N/A	Yes	No		N/A	Sat.	Unsat.
2. Changes in Products/Operations Planned		<input type="radio"/>	<input type="checkbox"/>	9. Quality Control		<input type="checkbox"/>	<input type="radio"/>
3. Discontinued Products/Operations		<input type="radio"/>	<input type="checkbox"/>	10. Recordkeeping		<input type="checkbox"/>	<input type="radio"/>
4. Seasonal Fluctuations		<input type="radio"/>	<input type="checkbox"/>	11. Manuals, Instructions, Labels and Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. Repair/Field Service Installation	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	12. Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. Products Purchased/Imported Directly From Manufacturer	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	13. Complaint/Claim Handling		<input type="checkbox"/>	<input type="radio"/>
7. Product Alteration or Repackaging	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	14. Packaging/Shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
8. Products/Work Conform to Standards/Codes		<input type="radio"/>	<input type="checkbox"/>	15. Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

**F. LOSS CONTROL PROGRAM**

- |   |                                     |                       |                                       |                                     |                       |
|---|-------------------------------------|-----------------------|---------------------------------------|-------------------------------------|-----------------------|
|   | Sat.                                | Unsat.                |                                       | Sat.                                | Unsat.                |
| 1. Employee Placement, Training and Control | <input checked="" type="checkbox"/> | <input type="radio"/> | 3. Premises and Equipment Inspection  | <input checked="" type="checkbox"/> | <input type="radio"/> |
| 2. Housekeeping                             | <input checked="" type="checkbox"/> | <input type="radio"/> | 4. Premises and Equipment Maintenance | <input checked="" type="checkbox"/> | <input type="radio"/> |
|   |                                     |                       | 5. Emergency Procedures               | <input checked="" type="checkbox"/> | <input type="radio"/> |

**G. PROFITABILITY/COVERAGE ADEQUACY**

- |  |                                     |                                     |                       |                                    |                          |                                     |                       |
|--|-------------------------------------|-------------------------------------|-----------------------|------------------------------------|--------------------------|-------------------------------------|-----------------------|
|  | N/A                                 | Yes                                 | No                    |                                    | N/A                      | Yes                                 | No                    |
| 1. Risk Appears Profitable             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="radio"/> | 3. Contents Value Appears Adequate | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> |
| 2. Coverage Commensurate w/Bldg. Value | <input checked="" type="checkbox"/> |                                     | <input type="radio"/> |                                    |                          |                                     |                       |

**H. LOSS DATA**

1. Past Losses: ☐ Yes ☒ No If Yes, describe past losses including causes and costs. Indicate corrective action taken.
2. Loss Probability ☒ low ☐ Moderate ☐ High ☐ N/A (Complete only for Products Liability or Completed Operations)
- |                   |                 |  |
|-------------------|-----------------|--|
|                   | Building(s)     | Contents   |
| 3. Amount Subject | a. <u>n/a</u> % | b. <u>100</u> %  |
| 4. PML            | a. <u>n/a</u> % | b. <u>100</u> % (If less than 100%, provide explanation) |

**I. RISK EVALUATION**

Risk is: ☒ Recommended ☐ Not Recommended From a Loss Control Standpoint

**J. COMMENTS**

Mr. Cook indicated he would replace the  
spliced wiring on the portable fan near  
the spray booth. No rec AT this time



## CLERICAL DIRECTION SHEET

CONFIDENTIAL

DATE: 12-6-93 TAPE #      POSITION #     REP. NAME LINDA LEE

INSURED'S NAME AND MAILING ADDRESS:

Excello Plating  
4057 Goodwin Ave  
LA, CA 90039

EAP: \$ NOT GIVEN

Travel	<u>1.0</u>
Survey	<u>2.0</u>
Report	<u>2.0</u>
Total	<u>5.0</u>

POLICY #

EXPIRATION DATE

CCP 255542

11-11-94

AGENT: RE Lee IntermediariesDATE OF SURVEY: 12-6-93LOCATION OF SURVEY: SAACONTACT NAME: Cloyd M. Cook, IAMCONTACT PHONE #: 818 (213) 245-3626UNDERWRITER: Pete Jones

\*\*\*\*\*

Recommendations: PLEASE INDICATE BY NUMBER! (Example (93-1,2))

BE SURE ALL RECOMMENDATIONS ARE RATED!"A" 93-1"C"     

## \*Additional Service

Monitor  
(Mo/Yr.)Physical  
(Mo/Yr.)Plan     Date Assigned to Rep:     Date Due:     Use for Monitor Comments:



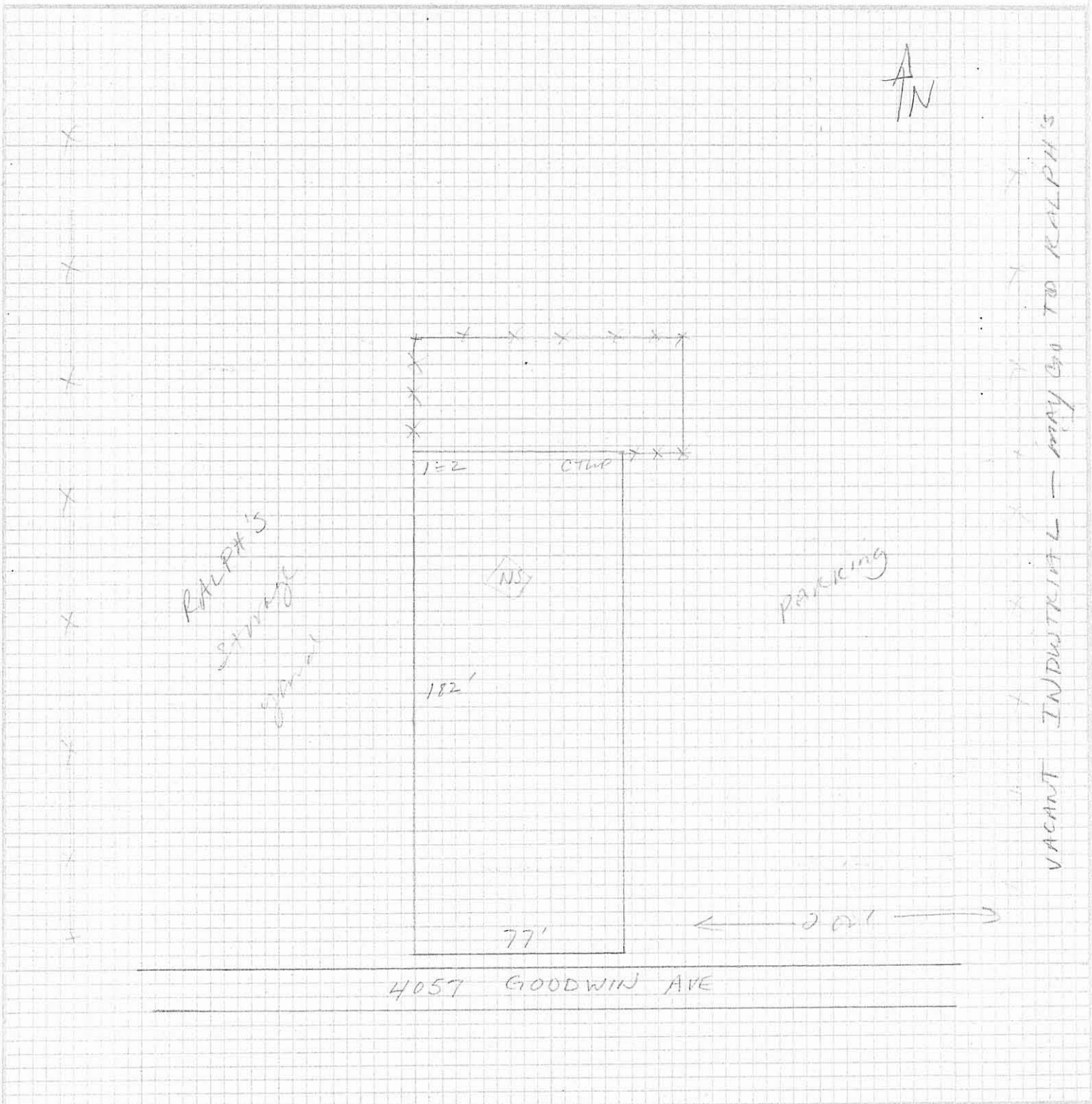
DIAGRAM  
(For Internal Use Only)

CONFIDENTIAL

INSURED <b>Excello Plating</b>		LOCATION SURVEYED <b>4057 Goodwin Ave</b>	
DATE OF SURVEY <b>DEC 06 1993</b>	SURVEYED BY <b>LINDA LEE</b>	OFFICE <b>SAN DIEGO</b>	

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PROTECTION, ACCESS ROADS AND EXPOSURES.

SCALE: ☒ 1" = 50'    ☐ 1" = 100'    ☐ OTHER (SPECIFY) \_\_\_\_\_



Insured:

*Excello Plating*

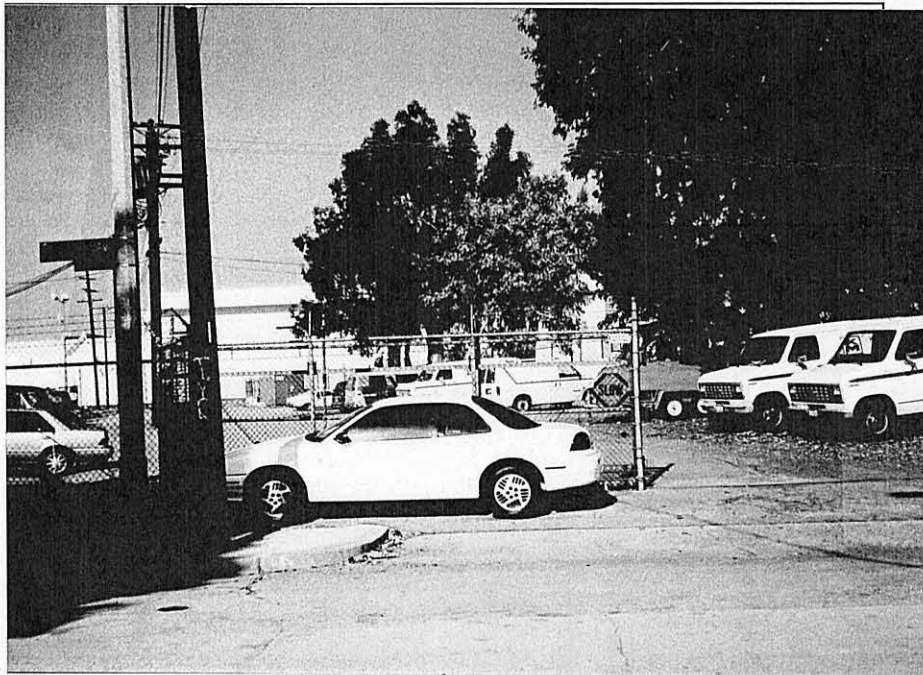
Date Taken:

DEC 06 1993

Taken By:

LINDA LEE

Location:

*4057 Goodwin Ave. LA, CA 90032**Adjacent parking*PETE TORRES  
JAN 4 1994

GOLDEN EAGLE INSURANCE COMPANY

CONFIDENTIAL

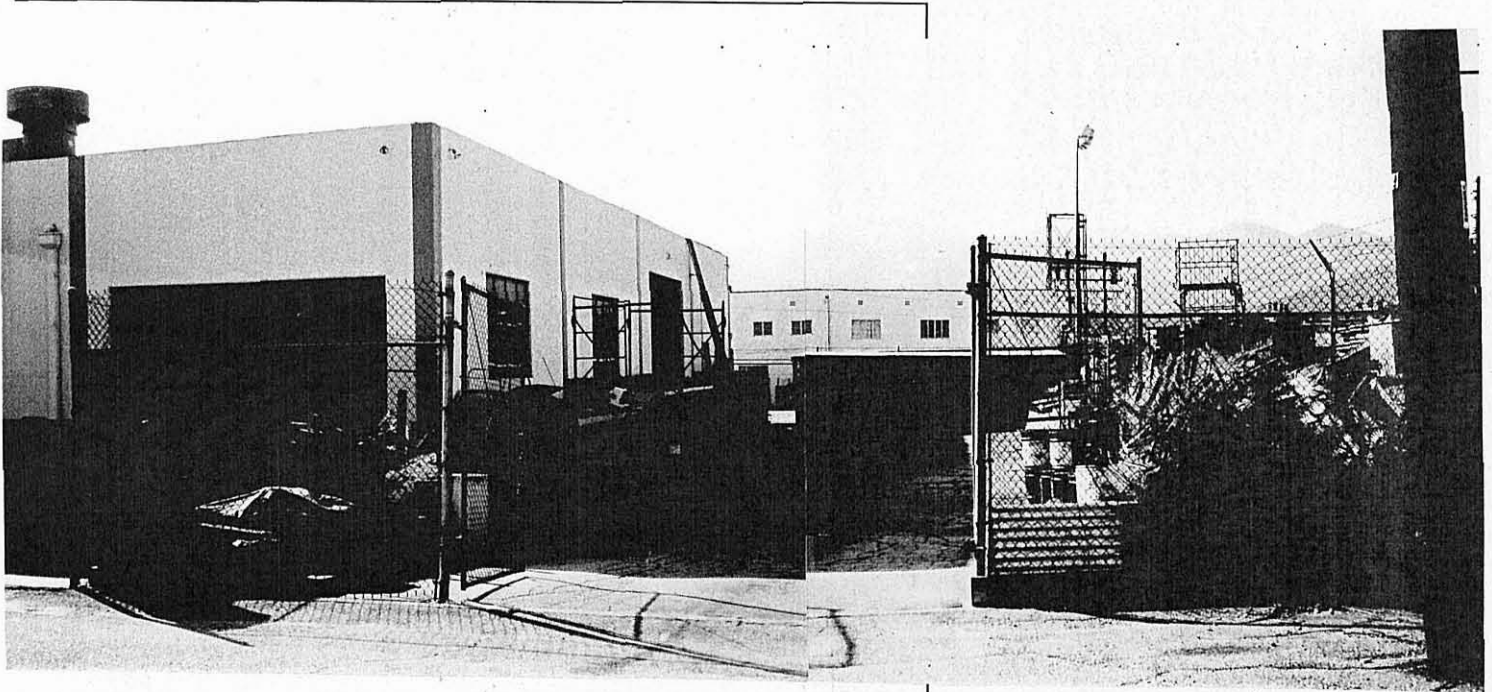
Insured:

*Excello*

Date Taken:

Taken By:

Location:



FIELD WORK PHOTO SHEET



CONFIDENTIAL

Endorsement Request  
TO COMPANY

Date: 12/17/93

Name And Address Of Agency Eichberg Associates, Inc. 17750 Sherman Way Suite 200 Reseda, CA 91335	NAME AND ADDRESS OF INSURED Excello Plating Co., Inc. 4057 Goodwin Street Los Angeles, CA 90039 EXCP01
NAME AND ADDRESS OF COMPANY R.E. Lee Intermediaries P.O. Box 9707 Newport Beach, CA 92658 ATTN: Bud Lee	RELEEI Policy Number & Type CCP-255542-00 Commercial Package PULL-END. RATING UNIT End#
Effective Date And Time Of Change 11/11/93 12:00A	Policy Period: (Effective) (Expiration) 11/11/93 To 11/11/94

O.K. to correct

PLEASE AMEND NAMED INSURED TO READ: EXCELLO PLATING CO., INC.

ALSO, AMEND INSURED'S ZIP CODE TO 90039

THANK YOU

RECEIVED  
DEC 22 1993  
GOLDEN EAGLE INS.

RECEIVED IN  
DEC 23 1993

JOAN FIEDLER  
DEC 22 1993

DEANNA PARSONS  
DEC 27 1993

ERU

RECEIVED IN  
DEC 27 1993

RECEIVED DEC 20 1993

RATING

End#1

KRISTINA FUDGE  
DEC 27 1993

Julie Vitto

(Authorized Signature)

Julie Vitto

CONFIDENTIAL

## ***R.E. Lee Intermediaries***

**EXCESS & SURPLUS LINES OF INSURANCE / PROGRAM & RISK MANAGEMENT**

December 21, 1993

Joanie Fiedler  
Golden Eagle Insurance Co.  
Post Office Box 85826  
San Diego, CA 92186-5826

**RE: EXCELLO PLATING COMPANY  
CCP 255542**

Dear Joanie,

Please see enclosed request  
and process.

Thank you.

Cordially,



Michael Smith  
Administrative Asst.  
Enclosure



CONFIDENTIAL

## CERTIFICATE OF INSURANCE

11/18/93

Producer

Tutton Insurance Services  
16969 Von Karman Ave #260  
Irvine, CA 92714  
(714) 261-5335

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGES

Company Letter A Golden Eagle Insurance Company

Company Letter B

Company Letter C

Company Letter D

Company Letter E

GOLDEN EAGLE INS  
NOV 22 1993  
RECEIVED

Insured

0019601-KES

Par Electric  
944 Calle Amanecer Suite K  
San Clemente, Ca 92672  
(714) 492-9445

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENTS, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (mm/dd/yy)	POLICY EXP DATE (mm/dd/yy)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liab. <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Protective <input type="checkbox"/> <input type="checkbox"/>	CCP255642	11/14/93	11/14/94	General Aggregate \$ 2,000,000 Prod-Comp/Ops Agg \$ 2,000,000 Pers & Adv Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage \$ 50,000 (Any one fire) Medical Payments \$ 5,000 (Any one person)
A	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non - Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>	CCP255642	11/14/93	11/14/94	Combined Single Limit \$ 500,000 Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$
	EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Ea Occurrence \$ Aggregate \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	NWC249032	11/14/93	11/14/94	<input checked="" type="checkbox"/> Statutory Each Accident \$ 1,000,000 Disease-Pol Limit \$ 1,000,000 Disease-Each Empl \$ 1,000,000
	OTHER				

JEANIE BAER  
DEC 01 1993  
NIE  
☐ ATTACH ☐ RED FILE  
☒ PULL ☐ SEARCH  
☐ RETURN

JOAN FIEDLER  
NOV 22 1993

Description Of Operations/Locations/Vehicles/Special Items

Certificate holders is named as an additional insured per attached GECC840 as respects Colonial Ford.

## CERTIFICATE HOLDER

034

Gordon L. Mountjoy Assoc.  
31726 Rancho Viejo Rd., Ste 111  
San Juan Capistrano, Ca 92675

## CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, it's agent's or representatives.

Authorized Representative

*Stacy W. Jutt*  
the OWIK APP company, Inc.

OWIK 2-5S (7/90)

CONFIDENTIAL

GOLDEN EAGLE INSURANCE COMPANY

P.O. Box 85826 - SAN DIEGO, CA 92186-5826

POLICY NO:

AUTOMATIC ADDITIONAL INSURED - CONSTRUCTION CONTRACTS

Effective Date:

(at 12:01 A.M. Standard Time)

Named Insured:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

The following provision is added to Section II (Who is an Insured).

5. Any person(s) or organization(s) (hereinafter called "Additional Insured") with whom you agree in a written contract to name as an insured is an insured with respect to liability arising out of "Your Work" for the Additional Insured on the project specified in the contract, including acts or omissions of the Additional Insured in connection with the general supervision of "Your Work."

However, the insurance provided to the Additional Insured does not apply to:

- a. "Property damage" to:

- (1) Property owned, used or occupied by or rented to the Additional Insured;
- (2) Property in the care, custody, or control of the Additional Insured or over which the Additional Insured is for any purpose exercising physical control.

- b. "Bodily injury," "property damage," or "personal injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services for you, for the Additional Insured, or for others, including:

- (1) The preparing, approving, or failing to approve maps, drawings, opinions, reports, surveys, change orders, designs, or specifications, and
- (2) Supervisory, inspection, or engineering services.

These exclusions apply in addition to those contained in the Commercial General Liability Coverage Part.

GE CG 840 (01-93)

Includes copyrighted material of Insurance Services Office, Inc., 1984

**DO NOT REMOVE**

**CONFIDENTIAL**

FILE NO.: \_\_\_\_\_

RATER DATE: \_\_\_\_\_

NAMED INSURED: Excella Plating Company

POLICY NO.: CCP 255542

EFFECTIVE DATE: 11-11-93

QUOTE: \_\_\_\_\_

QUOTE BY: \_\_\_\_\_

NEW BUSINESS: \_\_\_\_\_

RENEWAL: ☒

ISSUE: ☒

UNIT LEADER: \_\_\_\_\_

SALES: \_\_\_\_\_

Empty box for stamp or signature.

*BJB*

GRADE/CLASS

	QUOTE	ISSUE
	DATE INITIALS	DATE INITIALS
TO NEW BUSINESS	IN: _____	
	OUT: _____	
TO UNDERWRITER	IN: _____	IN: _____
	OUT: _____	OUT: <u>11-12-93 JF</u>
TO RATING	IN: _____	IN: _____
RATER/RATER NO.	<u>1-24-93</u> <i>BJB</i>	<u>BARBARA BURDGE</u>
	OUT: _____	OUT: <u>NOV 18 1993</u>
TOTAL POLICY PREM: \$	<u>5100</u>	\$ <u>4247</u>

RECEIVED IN

NOV 12 1993

RATING

TO DATA ENTRY: IN: 11/30/93

OUT: CYNTHIA HAZEL

TO POLICY TYPING: IN: \_\_\_\_\_

DEC 01 1993  
REGINA BIBLE VADA HELM

DEC 02 1993 DEC 06 1993  
TYPIST-OUT COLLATOR-OUT

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_

# GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST

CONFIDENTIAL

POLICY NUMBER: ccp 255542 EFFECTIVE DATE: 11-11-93 EXPIRATION: 11-11-94

RENEWAL QUOTE: \_\_\_\_\_

RENEWAL ISSUE: ☒ RENEWAL CERT.? \_\_\_\_\_ RENEWAL POLICY? ☒

ENDORSEMENT: \_\_\_\_\_

NAMED INSURED: Excella Plating

ADDRESS: \_\_\_\_\_

PRODUCER: R.E. Lee Intermediaries CODE #: 01-02959

UNDERWRITER: \_\_\_\_\_

CROSS REFERENCE: \_\_\_\_\_

COMM.: 15%10

	YES	NO
TREATY EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>
FACULTATIVE REINS	<input type="checkbox"/>	<input type="checkbox"/>
* CESSION STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ICC/PUC FILING STATEMENT OF VALUES	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>
LAYOFF RE-INS SHEET	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY:
PROP _____	LOSS CONTROL SURVEY*	<u>11-12-93</u>	EXPERIENCE RATING	LINE OF BUSINESS:	
GL _____	D&B REPORT*	<u>-</u>	LINES OF BIZ APPLICABLE:	<u>GL</u>	<u>Annual</u>
PROD _____	CURRENT LOSS RUNS	<u>file</u>	LIABILITY		
AUTO _____	MVR'S*	<u>N/A</u>	PHY. AUTO: DAM. _____ LIAB. _____		
CRIME _____	SPRKLER REPORT*	<u>-</u>	SCHEDULE RATING	TEST AUDIT?	
	OTHER	<u>-</u>	PER FORM(S) ATTACHED		
	*INDICATE IF WAIVED		OTHER		

COMMENTS: Please issue Renewal per agts app and worksheets enclosed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER <b>JOAN FIEDLER</b> #20 <b>NOV 12 1993</b>	APPROVED <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	RATER <b>BARBARA BURDOCK</b> <b>NOV 18 1993</b>	TYPIST <b>REGINA BIBLE</b> <b>DEC 02 1993</b>	<b>PHYLLIS CHEN</b> <b>NOV 24 1993</b> over →
---	---	---	---	---

PROGRAM: YES ☐ NO ☒ NUMBER OF LOCATIONS: 1 AUTO UNITS: NONE

**PREMIUM BREAKDOWN:**

PROPERTY: 2145 GEN. LIAB.: 2102  
INLAND MARINE: \_\_\_\_\_ AUTOMOBILE: NONE  
CRIME: \_\_\_\_\_ EXCESS: \_\_\_\_\_  
GAR. LIAB.: \_\_\_\_\_ G.K.L.L.: \_\_\_\_\_  
TOTAL PREMIUM: 4247 CIGA: N/C COMM.: 15%

PREMIUM PAYMENT PLAN: AT INCEPTION ☒ 3-PAY ☐  
QUARTERLY ☐ 6-PAY ☐ 8-PAY ☐

OTHER THAN STANDARD FORMS: — ATTACH COMPLETED FORM:

SECTION	FORM NO.	DESCRIPTION OF FORM
<u>Prop</u>	<u>IL0415</u>	<u>Prot. Safegd "P-9" Local Burglar cong</u>
<u>GL</u>	<u>CG 2104</u>	<u>applies Products / compl ops Excluded</u>

GL PD ded 500. per claim

**SPECIAL INSTRUCTIONS:**

COMPOSITE RATED ☐ RATE BASE: \_\_\_\_\_ RATE: \_\_\_\_\_ MINIMUM PREMIUM: \_\_\_\_\_

JOAN FIEDLER  
#20  
NOV 12 1993



**PROPERTY INDIVIDUAL RISK  
PREMIUM MODIFICATION PLAN—CALIFORNIA ONLY**

**CONFIDENTIAL**

NAMED INSURED: Excella Platy POLICY #: ccp255542 EFF. DATE: 11-11-93

PROPERTY	MAXIMUM		ACTUAL ALLOWED		DOCUMENTATION (MUST BE COMPLETED)
	CREDIT	DEBIT	CREDIT	DEBIT	
A. MANAGEMENT Co-operation in matters of safeguarding and proper handling of property covered	<u>10%</u>	10%	<u>10</u>		Full co-operation with company. Insd has a safety program in effect per app
B. LOCATION Accessibility, congestion and exposures	<u>10%</u>	10%	<u>10</u>		Easy accessibility Lt. industrial ample parking per agt
C. BUILDING FEATURES Age, condition and unusual structural features	<u>5%</u>	5%	<u>5</u>		Up-graded last 7 yrs.
D. PREMISES AND EQUIPMENT Care, condition and type	5%	5%			
E. EMPLOYEES Selection, training, supervision and experience	5%	5%			
F. PROTECTION Not otherwise recognized	<u>5%</u>	5%	<u>5</u>		Local cong (Burglary alarm)

TOTALS: 30% FINAL FACTOR: \_\_\_\_\_  
MAXIMUM COMBINED CREDIT/DEBIT AVAILABLE: 40%

NOTES/APPROVALS: JOAN FIEDLER

UNDERWRITER: NOV 12 1993 DATE: \_\_\_\_\_



ACORD

COMMERCIAL INSURANCE APPLICATION  
APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

10-08-1993

PRODUCER

CARRIER

CONFIDENTIAL UNDERWRITER

Eichberg Associates, Inc.  
17750 Sherman Way - Suite #200  
Reseda, CA 91335-3390  
(818)-996-9444 FAX 881-9535

POLICIES OR PROGRAM REQUESTED

PLEASE INDICATE THE SECTIONS ATTACHED

<input checked="" type="checkbox"/> PROPERTY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> GLASS & SIGN	<input type="checkbox"/> BUSINESS AUTO
<input type="checkbox"/> ACCTS. REC./AL. PAPERS	<input type="checkbox"/> GARAGE
<input type="checkbox"/> CRIME	<input type="checkbox"/> TRUCKERS
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> WORKERS COMP

CODE

SUBCODE

CCP16731201  
Inl for  
Gray Stone

## STATUS OF SUBMISSION

## PACKAGE POLICY INFORMATION

☒ QUOTE ☐ ISSUE POLICY  
☐ BOUND (Give Date and/or Attach Copy)

ENTER THIS INFORMATION WHEN COMM'N DATES AND TERMS APPLY TO SEVERAL LINES.

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

11/11/93

11/11/94

AGENCY BILL

☒ DIRECT BILL

## APPLICANT INFORMATION

NAME (first Named Insured &amp; other Named Insureds)

EXCELLO PLATING COMPANY

MAILING ADDRESS (of first Named Insured)

4057 GOODWIN AVENUE  
LOS ANGELES

CA 90032

INDIVIDUAL

☒

CORPORATION

OTHER (DESCRIBE)

YRS. IN BUSINESS

PARTNERSHIP

JOINT VENTURE

45

INSPECTION (CONTACT/PHONE)

ACCOUNTING RECORDS (CONTACT/PHONE)

JOYCE

213-245-3626

JOYCE

213-245-3626

## PREMISES INFORMATION

# STREET, CITY, COUNTY, STATE, ZIP CODE

INTEREST

YR. BUILT

PART OCCUPIED

1 4057 GOODWIN AVENUE

LOS ANGELES

CA 90032 TENANT

1960

100

## NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

CHROME AND NICKEL PLATING OF ASHTRAYS, PARTS FOR CAN OPENERS, CABINET  
HANDLES, BATHROOM FIXTURES, OVERHEAD COMPARTMENT HANDLES--100%  
AVIATION-PRODUCTS EXCLUDED.

## GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No	#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?		<input checked="" type="checkbox"/>	4	Any catastrophe exposure?		<input checked="" type="checkbox"/>
2	Is a formal safety program in operation?	<input checked="" type="checkbox"/>		5	Any other insurance with this company or being submitted?		<input checked="" type="checkbox"/>
3	Any exposures to flammables, explosives, chemicals?		<input checked="" type="checkbox"/>	6	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?		<input checked="" type="checkbox"/>

## REMARKS

INSURED HAS PRODUCTS COVERAGE WITH AVIATION OFFICE OF AMERICA.

## APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S  
SIGNATUREPRODUCER'S  
SIGNATURE

ACORD 125-S (7/88)

PLEASE COMPLETE REVERSE SIDE

ACORD CORPORATION 1988

PRIOR CARRIER INFORMATION

CONFIDENTIAL

LINE	CATEGORY	YR: 87-88	YR: 88-89	YR: 89-90	YR: 90-93	YR:
GENERAL COMMERCIAL LIABILITY	CARRIER	ST PAUL	FIRST CALIF	AMER STAR	GOLDEN EAGL	
	POLICY NO.				CCP167312	
	POLICY TYPE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input type="checkbox"/> OCCURRENCE	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE <input type="checkbox"/> OCCURRENCE
	RETRO DATE					
	L: GENERAL AGGREGATE	1,000,000	1,000,000	1,000,000	1,000,000	
	M: PRODUCTS					
	I: AGGREGATE					
	T: B/C/S/L					
	S: OCCURRENCE					
	PD					
MOD. FACTOR						
TOTAL PREM.				\$4,161.00		
AUTOMOBILITY	CARRIER					
	POLICY NO.					
	POLICY TYPE					
	B/C/S/L					
	PD					
	MOD. FACTOR					
TOTAL PREM.						
PROPERTY	CARRIER				GOLDEN EAGL	
	POLICY NO.				CCP167312	
	POLICY TYPE				ALL RISK	
	AMOUNT					
	MOD. FACTOR					
	TOTAL PREM.				INCL.	
	CARRIER					
	POLICY NO.					
	POLICY TYPE					
	LIMIT					
	MOD FACTOR					
	TOTAL PREM.					

LOSS HISTORY							
ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS					<input checked="" type="checkbox"/> CHECK HERE IF NONE		
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	

COMMENTS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	SEE ATTACHED LOSS SUMMARY



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

10-08-1993

PRODUCER

APPLICANT (first Named Insured)

Eichberg Associates, Inc.  
17750 Sherman Way - Suite #200  
Reseda, CA 91335-3390  
(818) 996-9444 FAX 881-9535

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE

PROPOSED EXP. DATE

BILLING PLAN

PAYMENT PLAN

AUDIT

11/11/93

11/11/94

AGENCY

X DIRECT

FOR COMPANY USE ONLY

## COVERAGES

## LIMITS

## COMMERCIAL GENERAL LIABILITY

CLAIMS MADE

X

OCCURRENCE

OWNER'S &amp; CONTRACTORS PROTECTIVE

## DEDUCTIBLES

X PROPERTY DAMAGE

500

\$

\$

X

PER  
CLAIMPER  
OCCURRENCE

OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS

## GENERAL AGGREGATE

\$ 1,000,000

PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE

\$ Excluded

PERSONAL &amp; ADVERTISING INJURY

\$ 1,000,000

EACH OCCURRENCE

\$ 1,000,000

FIRE DAMAGE (ANY ONE FIRE)

\$ 50,000

MEDICAL EXPENSE (ANY ONE PERSON)

\$ 5,000

## PREMIUMS

PREMISES/OPERATIONS

PRODUCTS

OTHER

TOTAL

## SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	ELECTROPLATING	52547	(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER 600,000	S	3.504	(s) per \$1,000 (p) per \$1,000/day (a) per 1,000 sq. ft. (c) per \$1,000/cost (t) per unit		

## CLAIMS MADE (Explain All "Yes" Responses)

- 1 PROPOSED RETROACTIVE DATE:
- 2 ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
- 3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED, OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?

YES	NO
-----	----
- 4 WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

--	--

COMMENTS

## TRANSITION

- 1 HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION?

YES	NO
-----	----
- 2 IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED: AND:

LOC	NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE	APPLICABLE COVERAGE	
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS
				PREMISES	PRODUCTS



**CONTRACTORS**

#	EXPLAIN ALL "YES" RESPONSES (For Any Past Or Present Operations)	YES	NO	FULL TIME STAFF:	PART TIME STAFF:
1	DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?			DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED:  <b>CONFIDENTIAL</b>	
2	DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				
3	DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				
4	DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				
5	ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?				
6	DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				
REMARKS					

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1	DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			6	PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2	FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7	PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3	RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8	PRODUCTS UNDER LABEL OF OTHERS?		
4	GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			9	VENDORS COVERAGE REQUIRED?		
5	PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10	DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS**

#	NAME & ADDRESS (INCLUDE LOAN NUMBER FOR MORTGAGEES)	INTEREST	CERT.
1	SPIRITO FAMILY TRUST 829 NORUMBEGA DRIVE MONROVIA CA 91616 ATTN: ALICE CALNO	LANDLORD	X

**GENERAL INFORMATION**

#	EXPLAIN ALL "YES" RESPONSES (For All Past Or Present Operations:)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
1	ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?		X	7	ANY PARKING FACILITIES OWNED/RENTED?		X
2	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X	8	IS A FEE CHARGED FOR PARKING?		X
3	DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)		X	9	RECREATION FACILITIES PROVIDED?		X
4	ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X	10	IS THERE A SWIMMING POOL ON THE PREMISES?		X
5	MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X	11	SPORTING OR SOCIAL EVENTS SPONSORED?		X
6	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X	12	ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		X
				13	ANY DEMOLITION EXPOSURE CONTEMPLATED?		X
REMARKS							



# PROPERTY SECTION

DATE (MM/DD/YY)

10-08-1993

## PRODUCER

Eichberg Associates, Inc.  
17750 Sherman Way - Suite #200  
Reseda, CA 91335-3390  
(818) 996-9444 FAX 881-9535

APPLICANT (first Named Insured)

EXCELLO PLATING COMPANY

PROPOSED EFF. DATE

11/ 11/ 93

PROPOSED EXP. DATE

11/ 11/ 94

BILLING PLAN

AGENCY

DIRECT

PAYMENT PLAN

AUDIT

FOR COMPANY USE ONLY

## PREMISES INFORMATION

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
P R E M I S E S N O.	BUS. PERS. PROP	566,000	90	RC	SPECIAL		1,000	
1	BUSINESS INCOME	200,000			SPECIAL			1/4 MO. LIMITAT
B L D G N O.								
1								

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BLOCK	2	1	0	1960	7,000	
BUILDING IMPROVEMENTS	PLUMBING, YR:					
✓ WIRING, YR:	✓ HEATING, YR: 1986					
✓ ROOFING, YR:	OTHER					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE AND DISTANCE	REAR EXPOSURE & DISTANCE				
INDUSTRIAL	INDUSTRIAL					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
LOCAL GONG					WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN	CLOCK HOURLY		
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> , Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
					LOCAL GONG	

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
P R E M I S E S N O.								
B L D G N O.								

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	PROT. CL	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES
BUILDING IMPROVEMENTS	PLUMBING, YR:					
WIRING, YR:	HEATING, YR:					
ROOFING, YR:	OTHER					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE AND DISTANCE	REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION	
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN	CLOCK HOURLY		
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> , Halon Systems)	FIRE ALARM MANUFACTURER				CENTRAL STATION	
					LOCAL GONG	

SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

# PREMISES INFORMATION

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORM AND CONDITIONS TO APPLY
P R E M I S E N O.								
B L D G N O.								

CONFIDENTIAL

## ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		PROT. CL	# STORIES	# BASMT'S	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES	
BUILDING IMPROVEMENTS		PLUMBING, YR: HEATING, YR: OTHER						
WIRING, YR:								
ROOFING, YR:								
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE AND DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		WITH KEYS
								CLOCK HOURLY
FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> , Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION
								LOCAL GONG

## VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR THE PAST 12 MONTHS							
SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION REQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED	AGGREGATE

OTHER

## ADDITIONAL INTERESTS

P R E M I S E N O.	NAME & ADDRESS	P R E M I S E N O.	NAME & ADDRESS
B L D G N O.		B L D G N O.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
P R E M I S E N O.	NAME & ADDRESS	P R E M I S E N O.	NAME & ADDRESS
B L D G N O.		B L D G N O.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED

## REMARKS

(Include Information On Participating Carriers)



**R.E. Lee Intermediaries**

EXCESS &amp; SURPLUS LINES OF INSURANCE / PROGRAM &amp; RISK MANAGEMENT

CONFIDENTIAL

DATE: November 9, 1993NAME: Mr. Pete TorresGolden Eagle Insurance COMPANYRE: EXCELLO PLATING CO, INC. EFF: 11-11-93Number of FAX Pages (including cover page): 1Please advise if you do not receive copies of all pages.  
Thank You.COMMENTS: Pete,

CCP 167312

Please bind coverage for the above account effective11-11-93 per your quote of 10-29-93.Please confirm with a policy Number.

Regards,

Burd

R.E. Lee, President  
MS, CPCU, CLU, ChFCNOTE: SL-2 & D-1 MUST BE COMPLETED IMMEDIATELY UPON PLACING  
BUSINESS WITH A NON-ADMITTED INSURER. FORMS WITH ORIGINAL  
SIGNATURE, IN BLUE INK, TO US VIA U.S. MAIL WITHIN 10 DAYS OF  
EFFECTIVE DATE OF POLICY.

23 Corporate Plaza, Suite 125

Newport Beach, CA 92660

Phone: (714) 760-1122 • Fax (714) 760-1180

Lloyd's London Correspondent



Fax # 714-76-1180

Eff 11-11-93



**CONFIDENTIAL**

**GOLDEN EAGLE INSURANCE COMPANY**

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

DATE: 10-29-93

TO: R.E. Lee Intermediaries

ATTN: Bud Lee

RE: Excello Matry Co  
POLICY NO: CCF 167312  
EFFECTIVE: 11-11-93

This account, which has been profitable to all of us, will be renewing soon. In order to enhance processing time we are prepared to offer renewal, based on information in our file, as follows:

PROPERTY:	\$ 2145	COMM'L AUTO:	\$ NONE
INLAND MARINE:	\$	EXCESS LIABILITY:	\$
CRIME:	\$	TOTAL:	\$ 4247
GENERAL LIABILITY:	\$ 2102	CIGA (If applicable):	\$

May we have your instructions to issue this renewal?

Please note the premiums quoted are subject to adjustment if there are significant changes in exposure or loss ratio.

Very truly yours,

GOLDEN EAGLE INSURANCE COMPANY

Jeannie Fiedler  
Commercial Lines Underwriting

**SPECIAL EXCLUSION**  
THIS QUOTE EXCLUDES COVERAGE FOR  
WRONGFUL TERMINATION, SEXUAL  
HARRASSMENT, ETC. BY ENDORSEMENT.

TO: GOLDEN EAGLE I

POLICY NO: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

Please issue renewal

If no, please tell

\_\_\_\_\_  
\_\_\_\_\_

Bud Renewal quote  
Per your app 10-8-93  
A GL PD del 500 per  
claim will apply

\_\_\_\_\_  
NO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

RENEWAL SOLICITATION LETTER

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

POLICY: CCP-167312-00  
INSURED: EXCELLO PLATING COMPANYEFF DATE: 11-19-91 FORM: CMP  
EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 10-93

CLAIM DATE: 10-93

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u>	
<u>EARNED PREMIUM</u>	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333

CONFIDENTIAL

UNDRWR02

GOLDEN EAGLE INSURANCE [P/C]

PAGE 1

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

\*\*\* SUMMARY OF ALL SELECTED POLICIES \*\*\*

POLICY DATE: 10-93

CLAIM DATE: 10-93

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
<u>INCURRED LOSSES</u>	
<u>EARNED PREMIUM</u>	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ <u>0.00</u>
TOTAL PAID	0.00
RESERVES	+ <u>0.00</u>
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

CONFIDENTIAL

UNDRWR02

GOLDEN EAGLE INSURANCE [P/C]

PAGE 2

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

\*\*\* SUMMARY OF ALL SELECTED POLICIES \*\*\*

LINE	LINE DESC	COV COVERAGE DESC	TOTAL PAID	TOTAL RESERVES	TOTAL INCURRED
FINAL TOTALS					



CONFIDENTIAL

UNDRWR02

GOLDEN EAGLE INSURANCE [P/C]

PAGE 3

UW LOSS EXPERIENCE AS OF 10/14/93 AT 1:45:43 PM BY LSF

\*\*\* POLICIES SELECTED FOR THIS RUN \*\*\*

CCP-167312-00

Fax # 914-76-1180

Exp 11-11-93

CONFIDENTIAL

FAXEL



# GOLDEN EAGLE INSURANCE COMPANY

OCT 29 1993

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

DATE: 10-29-93

TO: R.E. Lee Intermediaries

ATTN: Bud Lee

RE : Exello Plating Co  
POLICY NO : CCP 167312  
EFFECTIVE : 11-11-93

This account, which has been profitable to all of us, will be renewing soon. In order to enhance processing time we are prepared to offer renewal, based on information in our file, as follows:

PROPERTY:	\$ 2145	COMM'L AUTO:	\$ NONE
INLAND MARINE:	\$	EXCESS LIABILITY:	\$
CRIME:	\$	TOTAL:	\$ 4247
GENERAL LIABILITY:	\$ 2102	CIGA (If applicable):	\$

May we have your instructions to issue this renewal?

Please note the premiums quoted are subject to adjustment if there are significant changes in exposure or loss ratio.

Very truly yours,

GOLDEN EAGLE INSURANCE COMPANY

Joanne Fiedler  
Commercial Lines Underwriting

**SPECIAL EXCLUSION**  
THIS QUOTE EXCLUDES COVERAGE FOR  
WRONGFUL TERMINATION, SEXUAL  
HARRASSMENT, ETC. BY ENDORSEMENT.

TO: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

Please issue renewal: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please tell us why: \_\_\_\_\_

Bud. Renewal quoted  
Per your app 10-8-93.  
A GL PD ded 500. per  
claim will apply

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED OCT 20 1993



# GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

R. E. LEE INTERMEDIARIES (2858)  
23 CORPORATE PLAZA, SUITE 125  
NEWPORT BEACH, CA 92660

INSURED: EXCELLO PLATING COMPANY

COMPANY: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.: CCP 16 73 12 - 01

DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993

Dear SIR:

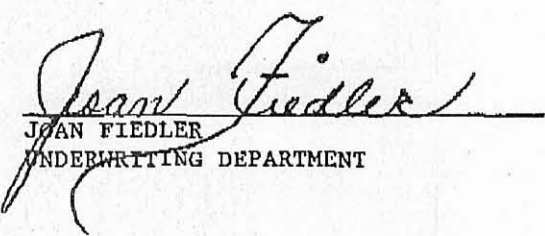
This will acknowledge the letter appointing you as Broker of Record.

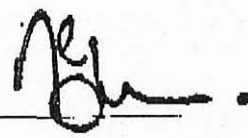
The original producer in accordance with our policy has been given ten (10) days to furnish a countermanding Broker of Record letter.

Attached is a copy of "Broker of Record Letter Procedures" which Golden Eagle Insurance Company will follow in this Broker of Record transaction.

If you have any questions about this procedure, please call.

Yours very truly,

  
JOAN FIEDLER  
UNDERWRITING DEPARTMENT

ACCEPTED:  \_\_\_\_\_

DATE: 10/20/93

ATTACHMENT: Broker of Record Letter Procedures



CONFIDENTIAL

## GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

R. E. LEE INTERMEDIARIES (2858)  
23 CORPORATE PLAZA, SUITE 125  
NEWPORT BEACH, CA 92660

INSURED: EXCELLO PLATING COMPANY

COMPANY: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.: CCP 16 73 12 - 01

DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993

Dear SIR:

This will acknowledge the letter appointing you as Broker of Record.

The original producer in accordance with our policy has been given ten (10) days to furnish a countermanding Broker of Record letter.

Attached is a copy of "Broker of Record Letter Procedures" which Golden Eagle Insurance Company will follow in this Broker of Record transaction.

If you have any questions about this procedure, please call.

Yours very truly,

  
\_\_\_\_\_  
JOAN FIEDLER  
UNDERWRITING DEPARTMENT

ACCEPTED: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT: Broker of Record Letter Procedures



CONFIDENTIAL

## GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800  
Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826  
FAX: (619) 460-8860

DATE: OCTOBER 19, 1993

GRAY-STONE & COMPANY (2912)  
P. O. BOX 889  
WOODLAND HILLS, CA 91365

INSURED: EXCELLO PLATING COMPANY

COMPANY: GOLDEN EAGLE INSURANCE COMPANY

POLICY NO.: CCP 16 73 12 - 01

DATE OF APPOINTMENT: INSURED'S LETTER DATED: OCTOBER 7, 1993

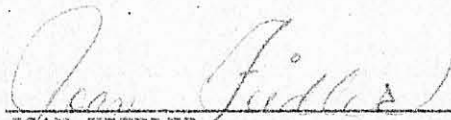
Dear SIR:

We are in receipt of a letter dated OCTOBER 7, 1993 and signed by the insured designating a Broker of Record in the policy listed above.

Attached is a copy of the "Broker of Record Letter Procedures" which Golden Eagle Insurance Company will follow in the Broker of Record transaction.

If you can furnish us with a countermanding Broker of Record letter within ten (10) days, we will so notify the other producer.

Yours very truly,

  
\_\_\_\_\_  
JOAN FIEDLER  
UNDERWRITING DEPARTMENT

ACCEPTED: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHMENT: Broker of Record Letter Procedures





# GOLDEN EAGLE INSURANCE COMPANY

7175 Navajo Road • San Diego, California 92119-1642 • (619) 463-5800

Mailing Address: P.O. Box 85826 • San Diego, California 92186-5826

FAX: (619) 460-8860

CONFIDENTIAL

Kim

## Premium Payment Status Request

Date: 10-18-93

To: Collections/Accounts Receivable

From: Laura Traiger

Department: Underwriting

Insured: Excello Plating Company

Policy Number: CCP 167312-01

Producer Name: Gray-Stone & Company

Producer Number: 2912

Please advise the status of premium payments for this insured:

✓ All premium billed has been paid

Unpaid premium in the amount of \$ \_\_\_\_\_

KIMBERLY WHINNERY

By: OCT 19 REC'D  
Collection/Accounts Rec.  
**PREMIUM ACCOUNTING**

Date: 10/19/93

CONFIDENTIAL

## ***R.E. Lee Intermediaries***

EXCESS & SURPLUS LINES OF INSURANCE / PROGRAM & RISK MANAGEMENT

October 11, 1993

Joanie Fiedler  
Golden Eagle Insurance Co  
Post Office Box 85826  
San Diego, CA 92186-5826

GOLDEN EAGLE

OCT 13 1993

RECEIVED

RE: EXCELLO PLATING CO., INC.  
CCP 167312-01  
EFF: 11-11-93

Dear Joanie,

We have been asked to quote the  
renewal. B of R enclosed.

Thank you.

Cordially,

*R. E. Lee*

R.E. Lee, MS, CPCU, CLU, ChFC  
President

JOAN FIEDLER

OCT 15 1993

10.15.93  
melinda  
markel  
REN. List

REL/ma ☒ ATTACH  
Enclosure ☒ PULL

☐ RED FILE  
☐ SEARCH  
☐ RETURN

23 Corporate Plaza, Suite 125  
Newport Beach, CA 92660  
Lloyd's London, Correspondent

Phone: (714) 760-1122  
Fax: (714) 760-1180

*Excello* PLATING CO., INC.

CONFIDENTIAL

4057 Goodwin Avenue Los Angeles, California 90039  
(213) 245-3626

Re: Commercial Package Policy  
Renewal

*You are hereby requested to accept this letter as Exclusive Broker and/or Agent authority covering the above captioned, and to renew, adjust and/or service only with and in accordance with the instructions or requests hereinafter give you by R.E. Lee Intermediaries subsidiaries, nominees or assigns who are hereby appointed as Brokers and/or Agents of Record.*

*This authorization is to remain in full force and offset until revoked in writing by undersigned.*

*Glen Harbman*  
Signature

*10/7/93*  
Date

LAURA FRAIZER  
OCT 19 1993

**GOLDEN EAGLE INSURANCE COMPANY  
PREMIUM WORKSHEET**

**CONFIDENTIAL**

INSURED Excello Plating Co. EFFECTIVE DATE: 11-11-93  
 NEW BUSINESS: \_\_\_\_\_ RENEWAL: ☒ POLICY NO. CCP 16 7312-01  
 AGENT: Gray - Stone AGENCY CURRENT LOSS RATIO: \_\_\_\_\_  
 POLICY LOSS RATIO: 0 CURRENT YEAR Problem Line(S): \_\_\_\_\_  
 POLICY CUMULATIVE L/R: 0 YEARS 2

	ANNUAL PREMIUMS		766,000 TIV's
	Last Year		Recommended This Year
PROPERTY	<u>2003.</u>	<u>3064.</u>	<u>2145</u>
GENERAL LIABILITY	<u>2158.</u>	<u>2102</u>	<u>2102.</u>
INLAND MARINE			
CRIME			
AUTOMOBILE			
TOTAL	\$ <u>4161.</u>	<u>5166.</u>	\$ <u>4247</u>

**EXPOSURE CHANGES**

PROPERTY: (Only if excess of 10%) \_\_\_\_\_

GENERAL LIABILITY: \_\_\_\_\_

AUTOMOBILES: \_\_\_\_\_

Note: GL changes in payroll or receipts. Auto total number of vehicles.

	CREDITS						
	PROP	GL	AL	APHYD	GAR	IM	CRIME
PACKAGE EXPERIENCE	<u>.15</u>	<u>.75</u>					
SCHEDULE DEVIATION	<u>.70</u>	<u>.15</u>					
COMM. REDUCTION							
FINAL RMF	<u>.505</u>	<u>.75</u>					

COMMENTS: \_\_\_\_\_

Electroplating 5) 600,000.  
2 yrs & losses  
located in LA.

UNDERWRITER: LINDA MALLINSON UNIT LEADER APPROVAL: \_\_\_\_\_

DATE: SEP 30 1993 DATE: \_\_\_\_\_

KATHY GIBBETT  
SEP 30 1993

DO NOT REMOVE

**CONFIDENTIAL**

FILE NO.: \_\_\_\_\_

RATER DATE: \_\_\_\_\_

NAMED INSURED: Excella Plating Company

QUOTE BY: \_\_\_\_\_

POLICY NO.: CCP 167312-01

NEW BUSINESS: \_\_\_\_\_

EFFECTIVE DATE: 11-11-93

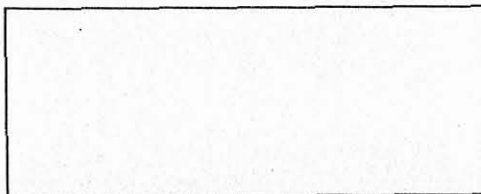
RENEWAL: ☒

QUOTE: ☒

ISSUE: \_\_\_\_\_

UNIT LEADER: \_\_\_\_\_

SALES: \_\_\_\_\_



GRADE/CLASS

DATE QUOTE INITIALS

DATE ISSUE INITIALS

TO NEW BUSINESS IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO UNDERWRITER

**LINDA MALLINSON**

IN: \_\_\_\_\_

IN: \_\_\_\_\_

RECEIVED IN

OUT: SEP 2 1993

OUT: \_\_\_\_\_

TO RATING SEP 03 1993 IN: \_\_\_\_\_

IN: \_\_\_\_\_

RATER/RATER NO

**RATING**

9-24-93 BJB

OUT: BARBARA BURDGE

OUT: \_\_\_\_\_

TOTAL POLICY PREM: \$ 5166

SEP 28 1993

OUT: \_\_\_\_\_

\$ \_\_\_\_\_

Q/C-IN

Q/C-OUT

TO DATA ENTRY: IN: \_\_\_\_\_

OUT: \_\_\_\_\_

TO POLICY TYPING: IN: \_\_\_\_\_

TYPIST-OUT

COLLATOR-OUT

OVER 30 DAYS PAST EFFECTIVE DATE/CAUSE FOR DELAY: \_\_\_\_\_



# GOLDEN EAGLE INSURANCE COMPANY

**CONFIDENTIAL**

☐ NEW BUSINESS QUOTATION  
(Valid for 30 days. Coverage is not bound.)

DATE: \_\_\_\_\_  
☐ RENEWAL QUOTATION  
(Valid until renewal expiration date.)

TO: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

ATTN: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

RE: \_\_\_\_\_  
WE HAVE PREPARED THE FOLLOWING PREMIUM QUOTATION FOR YOU. ALL PREMIUMS ARE ANNUAL UNLESS INDICATED.

AUTO— GARAGE*	CRIME	GENERAL LIABILITY*	INLAND MARINE	PROPERTY	ANNUAL PREMIUM
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# OF AUTOS _____				COMM. _____	

EXCESS LIABILITY POLICY* (FOLLOW FORM)	\$ _____	PER OCCURRENCE.	ANNUAL PREMIUM
\$ _____	ANNUAL AGGREGATE.	\$ _____	COMM. _____

\*MAY BE SUBJECT TO AUDIT.

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE AS PER YOUR APPLICATION WITH THE FOLLOWING EXCEPTIONS:

## DEDUCTIBLES:

- ☐ AUTO—GARAGE \_\_\_\_\_
- ☐ CRIME \_\_\_\_\_
- ☐ GEN. LIAB. \_\_\_\_\_
- ☐ INLAND MARINE \_\_\_\_\_
- ☐ PROPERTY \_\_\_\_\_

## COVERAGES:

- ☐ AUTO—GARAGE \_\_\_\_\_
- ☐ CRIME \_\_\_\_\_
- ☐ GEN. LIAB. \_\_\_\_\_
- ☐ INLAND MARINE \_\_\_\_\_
- ☐ PROPERTY \_\_\_\_\_
- ☐ EXCESS LIABILITY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROVIDING GOOD SERVICE TO OUR PRODUCERS IS THE KEY TO BUILDING STRONG BUSINESS RELATIONSHIPS. GOLDEN EAGLE'S DEFINITION OF "GOOD SERVICE" INCLUDES PROVIDING COMPETITIVE QUOTATIONS. IF THIS QUOTE DOES NOT ALLOW YOU AND GOLDEN EAGLE TO WRITE THE ACCOUNT—CALL US NOW.

SINCERELY,

UNDERWRITER

GE UND 0022 (07-93)

QUOTATION LETTER

# GOLDEN EAGLE INSURANCE COMPANY • UNDERWRITER RENEWAL/ENDORSEMENT CHECKLIST

POLICY NUMBER: CCP167312-01 EFFECTIVE DATE: 11-11-93

RENEWAL QUOTE: X

**CONFIDENTIAL**

RENEWAL ISSUE: \_\_\_\_\_ RENEWAL CERT.? \_\_\_\_\_ RENEWAL POLICY? \_\_\_\_\_

ENDORSEMENT: \_\_\_\_\_

NAMED INSURED: Excells Plating Co.

ADDRESS: \_\_\_\_\_

PRODUCER: Gray Stone

UNDERWRITER: Cloward

CROSS REFERENCE: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

TREATY EXCLUSION

YES ☐ NO ☐

REFERRAL

☐ ☐

FACULTATIVE REINS

☐ ☐

\* CESSION STATEMENT

☐ ☐

ICC/PUC FILING  
STATEMENT  
OF VALUES

☐ ☐

☐ ☐

SPECIAL APPLICATION

☐ ☐

LAYOFF RE-INS  
SHEET

☐ ☐

\* ROUTE TO UNDERWRITING SECRETARY

HAZARD CODES:	UNDERWRITING DATA:	DATE ORDERED	RATING OPTIONS:	AUDIT:	FREQUENCY
PROP _____	LOSS CONTROL SURVEY* _____	_____	EXPERIENCE RATING	LINE OF BUSINESS:	_____
GL _____	D&B REPORT* _____	_____	LINES OF BIZ APPLICABLE:	_____	_____
PROD _____	CURRENT LOSS RUNS _____	_____	LIABILITY	_____	_____
AUTO _____	MVR'S* _____	_____	PHY. _____	_____	_____
CRIME _____	SPRINKLER REPORT* _____	_____	AUTO: DAM. _____ LIAB. _____	TEST AUDIT?	_____
	OTHER _____	_____	SCHEDULE RATING		
	*INDICATE IF WAIVED	_____	PER FORM(S) ATTACHED		
			OTHER _____		

★

★ If applicable

COMMENTS: Please quote per typing

CONTINUE COMMENTS ON REVERSE SIDE

UNDERWRITER

APPROVED

RATER

TYPIST

**LINDA MALLISON**  
LINDA  
SEP 2 1993  
SEP 2 1993

**BARBARA BURDGE**  
Quote  
SEP 28 1993

UW LOSS EXPERIENCE AS OF 08/31/93 AT 10:29:39 AM BY LSF

POLICY: CCP-167312-01  
INSURED: EXCELLO PLATING COMPANY

EFF DATE: 11-11-92 FORM: CMP  
EXP DATE: 11-11-93 CLASS: 3471

POLICY DATE: 09-93

CLAIM DATE: 09-93

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	520.13
EARNED PREMIUM	3,640.87
INCURRED LOSSES	0.00
LOSS RATIO	0%
$\frac{\text{INCURRED LOSSES}}{\text{EARNED PREMIUM}}$	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333

UW LOSS EXPERIENCE AS OF 08/31/93 AT 10:29:39 AM BY LSF

POLICY: CCP-167312-00  
INSURED: EXCELLO PLATING COMPANYEFF DATE: 11-19-91 FORM: CMP  
EXP DATE: 11-19-92 CLASS: 3471

POLICY DATE: 09-93

CLAIM DATE: 09-93

EXECUTIVE SUMMARYPOLICY INFORMATION

ESTIMATED PREMIUM	0.00
BILLED PREMIUM	4,161.00
UNEARNED PREMIUM	0.00
EARNED PREMIUM	4,161.00
INCURRED LOSSES	0.00
LOSS RATIO	0%
$\frac{\text{INCURRED LOSSES}}{\text{EARNED PREMIUM}}$	

TOTAL PAID TO DATE AND RESERVES

LOSSES PAID	0.00
EXPENSES PAID	+ 0.00
TOTAL PAID	0.00
RESERVES	+ 0.00
INCURRED LOSSES	0.00

LOSSES FOR THE PERIOD

	TOTAL
	TO DATE
OPEN SUFFIXES	0
CLOSED SUFFIXES	0

PRODUCER'S NAME & ADDRESS  
GRAY-STONE & COMPANY  
P.O. BOX 889  
WOODLAND HILLS CA 91365  
(818) 593-3333

BARBARA BURDGE

#181  
SEP 28 1993 dp

CONFIDENTIAL

## SUMMARY

RATER NAME/ #

UCS QUOTE # L178-951

U/W NAME/ #

Jack Cloward

EAGLERATE #

11673120-00

POLICY #

COP167312-00

## POLICY SUMMARY SHEET

COVERAGE	PREMIUM	MOD	MOD. PREM.	COMMENTS:
PROPERTY	3064	.70	2045	charged for AI
LIABILITY	2102			
INLAND MARINE				
CRIME				
AUTOMOBILE				
GARAGE				
TOTAL PREMIUM	5166			

## RATING INFORMATION:

PACKAGE MOD: 1P EXPERIENCE RATED: AUTO GL

## PROPERTY

LOCATION # 1 BLDG # 1

PC 2 DIST TERR 620 CONST 2 GRP II SYM

CSP CODE 10850 RATE GRP/CLASS LIMIT

## GENERAL LIABILITY

CLASS CODE: EXPOSURE: TERRITORY: OTHER GL COVERAGES:

52547 51600,000 003

## INLAND MARINE

COVERAGE:	LIMIT:	RATE:	PREMIUM:

02/08/93